GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complet	this form. 1 Filer ID (Ethics Commission Filers) 00087094	2 Total pages filed: 260
3 COMMITTEE NAME	•	OFFICE USE ONLY
Every State Blue - Texas		Date Received
		07/15/2024
4 COMMITTEE ADDRESS / PO BOX; APT / S	JITE #; CITY; STATE; Z	IP CODE
ADDRESS 237 Florida Avenue NW		Date Hand-delivered or Date Postmarked
Change of Address Washington, DC 20001		Receipt # Amount
······································		
		Date Processed
		Date Imaged
5 CAMPAIGN MS/MRS/MR FI	RST	MI
TREASURER	nathan	
NAME	nanan	
	ST	SUFFIX
Z	cker	
6 CAMPAIGN STREET ADDRESS (NO PO BO	X PLEASE); APT / SUITE #;	CITY; STATE; ZIP CODE
TREASURER STREET 237 Florida Avenue NW		
ADDRESS		
(Residence or Business) Washington, DC 20001		
7 CAMPAIGN STREET OR PO BOX;	APT / SUITE #	; CITY; STATE; ZIP CODE
TREASURER	AFT / SUILE /	, OIT, STATE, ZIF CODE
MAILING 237 Florida Avenue NW		
ADDRESS		
Change of Address Washington, DC 20001		
8 CAMPAIGN AREA CODE PHONE	IUMBER EXTENSION	
TREASURER (202) 656-5645		
PHONE (202) 050-5045		
9 REPORT lanuary 15		
9 REPORT TYPE January 15	30th day before election	Dissolution (Attach PAC-DR)
	8th day before election	10th day after campaign treasurer
X July 15	Runoff	termination
10 PERIOD Month Day Year	Mont	h Day Year
COVERED 01/01/2024	THROUGH	06/30/2024
11 ELECTION ELECTION DATE	ELECTIO	DN TYPE
Month Day Year	Primary Runof	f Other
	General Specia	ar
	GO TO PAGE 2	
Forms provided by Texas Ethics Commission	www.ethics.state.tx.us	Version V4.1.0.d378aba0

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Every State Blue - Texa	S		0008709)4
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	0.000.04
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	l [©]	6,000.24
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,261.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	16,044.31
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			I	
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		Jonatha	n Zucker	
		Signature of Car	npaign Trea	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
	-			
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title of o	fficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

SUBTOTALS - GPAC		FORM	GPAC ET PG 3 3 of 260
17 COMMITTEE NAME Every State Blue - Texas	18 Filer ID 0008709	(Ethics Commi 4	ssion Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOT	AL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,000.24
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	DR	\$	
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$	
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATIC	DN \$	
9. SCHEDULE E: LOANS		\$	
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	1,261.91
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	90.25
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	
		1	

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 1/252 Rpt: 4/260	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Every State	Blue - Texas				00087094	-
4	Date	5 Full name of contributor out-of-state P	PAC (ID#:)	7	Amount of Contribution (\$)	
	01/17/2024	Alley, Desiree					\$2.50
		6 Contributor address; City; State; Zip Code			1		
		Vallejo, CA 94589					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	;)		
	Nurse			None			
	Date	Full name of contributor out-of-state P	PAC (ID#:)		Amount of Contribution (\$)	
	02/17/2024	Alley, Desiree					\$2.50
		Contributor address; City; State; Zip Code			1		
		Vallejo, CA 94589					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse			None			
F	Date	Full name of contributor out-of-state P	PAC (ID#:)		Amount of Contribution (\$)	
	03/17/2024	Alley, Desiree					\$2.50
		Contributor address; City; State; Zip Code			1		
		Vallejo, CA 94589					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse			None			
	Date	Full name of contributor 🔲 out-of-state P	PAC (ID#:)		Amount of Contribution (\$)	
	04/17/2024	Alley, Desiree					\$2.50
		Contributor address; City; State; Zip Code					
		Vallejo, CA 94589					
	-	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse			None			
	Date	Full name of contributor 🗌 out-of-state P	PAC (ID#:)		Amount of Contribution (\$)	
	05/17/2024	Alley, Desiree					\$2.50
		Contributor address; City; State; Zip Code					
⊢	<u> </u>	Vallejo, CA 94589	ı		Ĺ		
ĺ		pation / Job title (See Instructions)		Employer (See Instructions	5)		
∟	Nurse			None			
L							

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/252 Rpt: 5/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/17/2024 Alley, Desiree 6 Contributor address; City; State; Zip Code Vallejo, CA 94589 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Nurse None Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/08/2024 Amron, Cory Contributor address; City; State; Zip Code Arlington, VA 22201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/08/2024 Amron, Cory Contributor address; City; State; Zip Code Arlington, VA 22201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/08/2024 Amron, Cory Contributor address; City; State; Zip Code Arlington, VA 22201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/08/2024 Amron, Cory Contributor address; City; State; Zip Code Arlington, VA 22201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Retired

\$2.50

\$5.00

\$1.50

\$5.00

\$1.50

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/252 Rpt: 6/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/08/2024 Amron, Cory \$5.00 6 Contributor address; City; State; Zip Code Arlington, VA 22201 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/08/2024 Amron, Cory \$1.50 Contributor address; City; State; Zip Code Arlington, VA 22201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/08/2024 Amron, Cory \$5.00 Contributor address; City; State; Zip Code Arlington, VA 22201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/08/2024 Amron, Cory \$1.50 Contributor address; City; State; Zip Code Arlington, VA 22201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/08/2024 \$5.00 Amron, Cory Contributor address; City; State; Zip Code Arlington, VA 22201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Retired

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/252 Rpt: 7/260	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	05/08/2024	Amron, Cory				\$1.50
		6 Contributor address; City; State; Zip Code		1		
		Arlington, VA 22201				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Attorney		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/08/2024	Amron, Cory				\$5.00
		Contributor address; City; State; Zip Code		1		
		Arlington, VA 22201				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/08/2024	Amron, Cory				\$1.50
		Contributor address; City; State; Zip Code				
		Arlington, VA 22201				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/05/2024	Arbuckle, Melinda				\$5.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75287	<u> </u>			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	attorney		self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/05/2024	Arbuckle, Melinda				\$5.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75287	I			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	attorney		self			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 5/252 Rpt: 8/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/05/2024 Arbuckle, Melinda \$5.00 6 Contributor address; City; State; Zip Code Dallas, TX 75287 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) attorney self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/05/2024 Arbuckle, Melinda \$5.00 Contributor address; City; State; Zip Code Dallas, TX 75287 Principal occupation / Job title (See Instructions) Employer (See Instructions) self attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/05/2024 Arbuckle, Melinda \$5.00 Contributor address; City; State; Zip Code Dallas, TX 75287 Principal occupation / Job title (See Instructions) Employer (See Instructions) attorney self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/05/2024 \$5.00 Arbuckle, Melinda Contributor address; City; State; Zip Code Dallas, TX 75287 Principal occupation / Job title (See Instructions) Employer (See Instructions) attorney self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/24/2024 \$5.00 Arnett, M. James Contributor address; City; State; Zip Code Westlake Village, CA 91361 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/252 Rpt: 9/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/24/2024 Arnett, M. James \$5.00 6 Contributor address; City; State; Zip Code Westlake Village, CA 91361 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/24/2024 Arnett, M. James \$5.00 Contributor address; City; State; Zip Code Westlake Village, CA 91361 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/24/2024 Arnett, M. James \$5.00 Contributor address; City; State; Zip Code Westlake Village, CA 91361 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/24/2024 \$5.00 Arnett, M. James Contributor address; City; State; Zip Code Westlake Village, CA 91361 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/08/2024 \$2.50 Aunan, Lauri Contributor address; City; State; Zip Code Corbett, OR 97019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/252 Rpt: 10/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/30/2024 Aunan, Lauri \$0.50 6 Contributor address; City; State; Zip Code Corbett, OR 97019 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/30/2024 Aunan, Lauri \$1.00 Contributor address; City; State; Zip Code Corbett, OR 97019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/08/2024 \$2.50 Aunan, Lauri Contributor address; City; State; Zip Code Corbett, OR 97019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/29/2024 \$0.50 Aunan, Lauri Contributor address; City; State; Zip Code Corbett, OR 97019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/29/2024 \$1.00 Aunan, Lauri Contributor address; City; State; Zip Code Corbett, OR 97019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/252 Rpt: 11/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/08/2024 Aunan, Lauri \$2.50 6 Contributor address; City; State; Zip Code Corbett, OR 97019 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/30/2024 \$0.50 Aunan, Lauri Contributor address; City; State; Zip Code Corbett, OR 97019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/30/2024 \$1.00 Aunan, Lauri Contributor address; City; State; Zip Code Corbett, OR 97019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/08/2024 \$2.50 Aunan, Lauri Contributor address; City; State; Zip Code Corbett, OR 97019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/30/2024 \$0.50 Aunan, Lauri Contributor address; City; State; Zip Code Corbett, OR 97019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/252 Rpt: 12/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/30/2024 Aunan, Lauri \$1.00 6 Contributor address; City; State; Zip Code Corbett, OR 97019 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/08/2024 \$2.50 Aunan, Lauri Contributor address; City; State; Zip Code Corbett, OR 97019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/30/2024 \$0.50 Aunan, Lauri Contributor address; City; State; Zip Code Corbett, OR 97019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/30/2024 Aunan, Lauri \$1.00 Contributor address; City; State; Zip Code Corbett, OR 97019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/08/2024 \$2.50 Aunan, Lauri Contributor address; City; State; Zip Code Corbett, OR 97019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 10/252 Rpt: 13/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/19/2024	Barlow, Cynthia		\$5.00
	6 Contributor address; City; State; Zip Code		
	Berkeley, CA 94707		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)
retired teach		retired teacher	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/19/2024			\$1.50
	Contributor address; City; State; Zip Code		
	Berkeley, CA 94707		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired teach		retired teacher	<i>י</i> י
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
02/19/2024	Barlow, Cynthia	/	\$5.00
021101202.			
	Contributor address, City, State, Zip Code		
	Berkeley, CA 94707		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
retired teach	er	retired teacher	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/19/2024	Barlow, Cynthia		\$1.50
	Contributor address; City; State; Zip Code		
Drizzinal acou	Berkeley, CA 94707		
Principal occu retired teach	ipation / Job title (See Instructions)	Employer (See Instructions retired teacher	;)
Date 03/19/2024	Full name of contributor out-of-state PAC (ID#: Barlow, Cynthia)	Amount of Contribution (\$) \$5.00
0311312024	-		ψυ.υυ
	Contributor address; City; State; Zip Code		
	Berkeley, CA 94707		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)
retired teach	ier	retired teacher	
		1	

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 11/252 Rpt: 14/260	
2	FILER NAME			3	Filer ID (Ethics Commission I	Filers)
	Every State	Blue - Texas			00087094	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/19/2024	Barlow, Cynthia				\$1.50
		6 Contributor address; City; State; Zip Code		1		
		Berkeley, CA 94707				
		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	retired teach		retired teacher	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024					\$5.00
		Contributor address; City; State; Zip Code				
		Berkeley, CA 94707				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>		
	retired teach		retired teacher	-,		
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	04/19/2024	Barlow, Cynthia	J			\$1.50
				•		~
		Berkeley, CA 94707				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired teach	er	retired teacher			
	Date	Full name of contributor out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
	05/16/2024	Barlow, Cynthia				\$5.00
		Contributor address; City; State; Zip Code		1		
		Darkelay CA 04707				
	Drincinal occu	Berkeley, CA 94707 Ipation / Job title (See Instructions)	Employer (See Instructions			
	retired teach		retired teacher	5)		
				—	Amount of Contribution (\$)	
	Date 05/16/2024	Full name of contributor out-of-state PAC (ID#: Barlow, Cynthia)		Amount of Contribution (\$)	\$1.50
	00/10/2024	Contributor address; City; State; Zip Code		•		Φ1.00
		Continuation address, City, State, Zip Code				
		Berkeley, CA 94707				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired teach	er	retired teacher			
			1			

The	Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 12/252 Rpt: 15/260
2 FILEF	R NAME			3 Filer ID (Ethics Commission Filers)
Ever	y State I	Blue - Texas		00087094
4 Date		5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/19	9/2024	Barlow, Cynthia		\$5.00
		6 Contributor address; City; State; Zip Code		
		Berkeley, CA 94707		
		pation / Job title (See Instructions)	9 Employer (See Instructions	5)
retire	ed teach	er	retired teacher	
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/19	9/2024	Barlow, Cynthia		\$1.50
		Contributor address; City; State; Zip Code		
		Berkeley, CA 94707		
Princi	inal occu	pation / Job title (See Instructions)	Employer (See Instructions	2)
	ed teach		retired teacher	<i>)</i>
Date				Amount of Contribution (\$)
	6/2024	Full name of contributor out-of-state PAC (ID#: Barlow, Cynthia	/	\$5.00
00,1	0,202.			+
		Berkeley, CA 94707		
Princi	ipal occu	pation / Job title (See Instructions)	Employer (See Instructions	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
retire	ed teach	er	retired teacher	
Date		Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)
06/16	6/2024	Barlow, Cynthia		\$1.50
		Contributor address; City; State; Zip Code		1
Drinoi		Berkeley, CA 94707		
	ipal occuj ed teach	pation / Job title (See Instructions)	Employer (See Instructions retired teacher	6)
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		Contributor address; City; State; Zip Code		
		Berkeley, CA 94707		
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6 Contributor address; City; State; Zip Code Berkeley, CA 94707 Berkeley, CA 94707 8 Principal occupation / Job title (See Instructions) retired teacher 9 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/07/2024 Batra, Nikhil Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Product Manager Employer (See Instructions) Paylocity Employer (See Instructions) Paylocity Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)				
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Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/12/2024	Beard, Michele		\$2.50
l i	Contributor address; City; State; Zip Code		
	Richmond, TX 77469		
	pation / Job title (See Instructions)	Employer (See Instructions)	
Librarian		Calvary Episcopal Schoo	ol
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01/12/2024	Beard, Michele		\$1.00
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 19/252 Rpt: 22/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/30/2024 Bell, Grant \$1.50 6 Contributor address; City; State; Zip Code Arlington, TX 76005 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Consulting Engineer** retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/30/2024 Bell, Grant \$5.00 Contributor address; City; State; Zip Code Arlington, TX 76005 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Consulting Engineer** retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/30/2024 Bell, Grant \$1.50 Contributor address; City; State; Zip Code Arlington, TX 76005 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Consulting Engineer** retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/30/2024 \$5.00 Bell, Grant Contributor address; City; State; Zip Code Arlington, TX 76005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consulting Engineer retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/30/2024 Bell, Grant \$1.50 Contributor address; City; State; Zip Code Arlington, TX 76005 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Consulting Engineer** retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 20/252 Rpt: 23/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/30/2024 Benoit, Michele \$5.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78258 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/29/2024 Benoit, Michele \$5.00 Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/30/2024 Benoit, Michele \$5.00 Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/26/2024 \$2.50 Bergman, Eldo Contributor address; City; State; Zip Code Houston, TX 77035 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/26/2024 \$2.50 Bergman, Eldo Contributor address; City; State; Zip Code Houston, TX 77035 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 21/252 Rpt: 24/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/26/2024 Bergman, Eldo \$2.50 6 Contributor address; City; State; Zip Code Houston, TX 77035 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/26/2024 \$2.50 Bergman, Eldo Contributor address; City; State; Zip Code Houston, TX 77035 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/26/2024 Bergman, Eldo \$2.50 Contributor address; City; State; Zip Code Houston, TX 77035 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/13/2024 \$25.00 Bernabei, Gretchen Contributor address; City; State; Zip Code San Antonio, TX 78213 Principal occupation / Job title (See Instructions) Employer (See Instructions) Education Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/13/2024 \$7.50 Bernabei, Gretchen Contributor address; City; State; Zip Code San Antonio, TX 78213 Principal occupation / Job title (See Instructions) Employer (See Instructions) Education Self

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 22/252 Rpt: 25/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/31/2024	Broadrick, Cathy		\$12.50
	6 Contributor address; City; State; Zip Code		1
Dringingloccu	Midland, TX 79705	Employer (See Instructions	~\
None	upation / Job title (See Instructions)	9 Employer (See Instructions Retired	\$)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/31/2024			\$3.75
	Contributor address; City; State; Zip Code		
	Midland, TX 79705		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>Ι</u> δ)
None		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/29/2024	Broadrick, Cathy		\$12.50
	Contributor address; City; State; Zip Code		1
	Midland, TX 79705		<u> </u>
Principal occu None	upation / Job title (See Instructions)	Employer (See Instructions Retired	\$)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/29/2024	Broadrick, Cathy		\$3.75
	Contributor address; City; State; Zip Code		
	Midland, TX 79705		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>1</u> 5)
None		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/31/2024	Broadrick, Cathy		\$12.50
	Contributor address; City; State; Zip Code		1
	Midland, TX 79705		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	3)
None		Retired	
1			

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 23/252 Rpt: 26/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
03/31/2024			\$3.75
	6 Contributor address; City; State; Zip Code		1
	Midland, TX 79705	1	
-	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
None		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/30/2024			\$12.50
	Contributor address; City; State; Zip Code		
	Midland, TX 79705		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	~\
None		Retired	>)
			Learning of Contribution (ft)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$3.75
04/30/2024			φο.τυ
	Contributor address; City; State; Zip Code		
	Midland, TX 79705		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 6)
None		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/31/2024			\$12.50
	Contributor address; City; State; Zip Code		1
	Midland, TX 79705		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
None		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/31/2024	Broadrick, Cathy		\$3.75
	Contributor address; City; State; Zip Code]
D in singl age	Midland, TX 79705		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
None		Retired	

SCHEDULE	Α	1
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 24/252 Rpt: 27/260	
2	FILER NAME			3	Filer ID (Ethics Commission F	Filers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor Out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	01/16/2024	Bruski, Nancy	/			\$2.50
		6 Contributor address; City; State; Zip Code		•		
		Evanston, IL 60201				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Clinical socia	al worker	Self			
⊨	Date	Full name of contributor 🛛 out-of-state PAC (ID#		Γ	Amount of Contribution (\$)	
	02/16/2024	Bruski, Nancy	r)			\$2.50
	02/10/2021	Contributor address; City; State; Zip Code		•		¢2.00
		Contributor address, City, State, Zip Code				
		Evanston, IL 60201				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L s)		
	Clinical socia		Self	-,		
╞					Amount of Contribution (\$)	
	Date 03/16/2024		#:)		Amount of Contribution (\$)	\$2.50
	03/10/2024	Bruski, Nancy				Φ2.50
		Contributor address; City; State; Zip Code				
		Evanston, IL 60201				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Clinical socia	,	Self	5)		
⊨				—	Amount of Contribution (\$)	
	Date 04/16/2024	Full name of contributor out-of-state PAC (ID#	<i>‡</i> :)		Amount of Contribution (\$)	¢2 E0
	04/10/2024	Bruski, Nancy				\$2.50
		Contributor address; City; State; Zip Code				
		Evanston, IL 60201				
⊢	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Clinical socia		Self	>)		
╞				—		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	* 0 F0
	05/16/2024					\$2.50
		Contributor address; City; State; Zip Code				
		Eveneter II (0201				
		Evanston, IL 60201		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	3)		
	Clinical socia	al worker	Self			
1						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 25/252 Rpt: 28/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/16/2024 Bruski, Nancy \$2.50 6 Contributor address; City; State; Zip Code Evanston, IL 60201 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Clinical social worker Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/08/2024 \$25.00 Bucci, Erika Contributor address; City; State; Zip Code Larchmont, NY 10538 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Clifford Chance** Lawyer Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/08/2024 Bucci, Erika \$25.00 Contributor address; City; State; Zip Code Larchmont, NY 10538 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Clifford Chance** Lawyer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/08/2024 \$25.00 Bucci, Erika Contributor address; City; State; Zip Code Larchmont, NY 10538 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Clifford Chance** Lawyer Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/08/2024 \$25.00 Bucci, Erika Contributor address; City; State; Zip Code Larchmont, NY 10538 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lawyer **Clifford Chance**

The	e Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 26/252 Rpt: 29/260	
2 FILE	ER NAME			3	Filer ID (Ethics Commission	Filers)
Eve	ery State	Blue - Texas			00087094	-
4 Date	e	5 Full name of contributor Out-of-state PAC (ID))#:)	7	Amount of Contribution (\$)	
05/0	08/2024	Bucci, Erika				\$25.00
		6 Contributor address; City; State; Zip Code		"		
• Drin		Larchmont, NY 10538				
		pation / Job title (See Instructions)	9 Employer (See Instruction Clifford Chance	าร)		
	wyer					
Date		Full name of contributor out-of-state PAC (ID	D#:)		Amount of Contribution (\$)	* 25 00
06/0	08/2024	Bucci, Erika				\$25.00
		Contributor address; City; State; Zip Code				
		Larchmont, NY 10538				
Prin	ncinal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u> </u> ואי		
	wyer		Clifford Chance	13)		
Date		Full name of contributor Out-of-state PAC (ID		Т	Amount of Contribution (\$)	
	.e /30/2024	Full name of contributor Out-of-state PAC (ID Capps, Emerson	J#:J			\$5.00
01,	3012024					Ψ0.00
		Contributor address; City; State; Zip Code				
		Wichita Falls, TX 76308				
Prin	ncipal occu	pation / Job title (See Instructions)	Employer (See Instruction	וs)		
retii	red		retired			
Date	e	Full name of contributor out-of-state PAC (ID		Τ	Amount of Contribution (\$)	
01/3	/30/2024	Capps, Emerson				\$1.50
		Contributor address; City; State; Zip Code				
		Wichita Falls, TX 76308				
	•	pation / Job title (See Instructions)	Employer (See Instruction	าร)		<u> </u>
retir	red		retired			
Date	e	Full name of contributor 🔲 out-of-state PAC (ID)		Amount of Contribution (\$)	
02/2	29/2024	Capps, Emerson				\$5.00
		Contributor address; City; State; Zip Code		"		
		Wichita Falls, TX 76308				
		pation / Job title (See Instructions)	Employer (See Instruction	าร)		
retii	red		retired			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 27/252 Rpt: 30/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/29/2024 Capps, Emerson \$1.50 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/30/2024 \$5.00 Capps, Emerson Contributor address; City; State; Zip Code Wichita Falls, TX 76308 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/30/2024 Capps, Emerson \$1.50 Contributor address; City; State; Zip Code Wichita Falls, TX 76308 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2024 \$5.00 Capps, Emerson Contributor address; City; State; Zip Code Wichita Falls, TX 76308 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/30/2024 Capps, Emerson \$1.50 Contributor address; City; State; Zip Code Wichita Falls, TX 76308 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 28/252 Rpt: 31/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/30/2024 Capps, Emerson \$5.00 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/30/2024 Capps, Emerson \$1.50 Contributor address; City; State; Zip Code Wichita Falls, TX 76308 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/25/2024 Carafiol, Robyn \$5.00 Contributor address; City; State; Zip Code Dallas, TX 75244 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Real Estate Agent** Robinson Clay Inc. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/29/2024 \$5.00 Cartwright, Mary Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/29/2024 Cartwright, Mary \$1.50 Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

The Inst	ruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 29/252 Rpt: 32/260
2 FILER NA	 ЛЕ		3 Filer ID (Ethics Commission Filers)
Every Sta	te Blue - Texas		00087094
4 Date 02/29/202	5 Full name of contributor out-of-state PAC (ID#: Cartwright, Mary)	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78704		
8 Principal o	ccupation / Job title (See Instructions)	9 Employer (See Instructions	»)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/29/202	5		\$1.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78704		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/29/202			\$5.00
-			•
	Austin, TX 78704		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/29/202		/	\$1.50
00,20,20	Contributor address; City; State; Zip Code		
	Austin, TX 78704		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
retired	•	retired	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
04/29/202		/	\$5.00
0	Contributor address; City; State; Zip Code		
	Austin, TX 78704		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	<u></u>
retired		retired	<i>''</i>
100100			

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 30/252 Rpt: 33/260	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID)#:)	7	Amount of Contribution (\$)	
	04/29/2024	Cartwright, Mary				\$1.50
		6 Contributor address; City; State; Zip Code		·		
		Austin, TX 78704				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor 🔲 out-of-state PAC (ID	ı#:)	Γ	Amount of Contribution (\$)	
	05/29/2024	Cartwright, Mary				\$5.00
		Contributor address; City; State; Zip Code		1		
	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Austin, TX 78704		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired	-		
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	05/29/2024	Cartwright, Mary				\$1.50
		Contributor address; City; State; Zip Code				
		Austin, TX 78704				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
F	Date	Full name of contributor out-of-state PAC (ID)		Amount of Contribution (\$)	
	01/16/2024	Casavant, Michael				\$25.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75075				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Product Mar	lager	JP Morgan Chase			
	Date	Full name of contributor 🔲 out-of-state PAC (ID	u#:)	Τ	Amount of Contribution (\$)	
	02/16/2024	Casavant, Michael				\$25.00
		Contributor address; City; State; Zip Code]		
	D 1 - 200 - 1 - 0.000	Plano, TX 75075		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Product Mar	lager	JP Morgan Chase			

	The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 31/252 Rpt: 34/260
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		Blue - Texas		00087094
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	03/16/2024	Casavant, Michael		\$25.00
		6 Contributor address; City; State; Zip Code		
		Plano, TX 75075		
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	()
	Product Man	lager	JP Morgan Chase	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/16/2024	Casavant, Michael		\$25.00
		Plano, TX 75075		
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	l ;)
	Product Man		JP Morgan Chase	
	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/16/2024	Casavant, Michael	,	\$25.00
	00,20.2	Contributor address; City; State; Zip Code		
		Communication address, only, state, zip code		
		Plano, TX 75075		
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	()
	Product Man		JP Morgan Chase	
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
	06/16/2024	Casavant, Michael		\$25.00
		Contributor address; City; State; Zip Code		
		Plano, TX 75075		
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	l ;)
	Product Man	nager	JP Morgan Chase	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
	01/16/2024	Castillo, Joanna	/	\$5.00
	01,10,11	Contributor address; City; State: Zip Code		· · · ·
		Culturbulor address, City, State, Zip Code		
		Austin, TX 78765		
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	IT support		The University of Texas	
⊢				

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 32/252 Rpt: 35/260 2 FILER NAME Every State Blue - Texas 3 Filer ID (Ethics Commission 00087094 4 Date 02/16/2024 5 Full name of contributor out-of-state PAC (ID#:) Castillo, Joanna 7 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) The University of Texas at Austin 7 8 Principal occupation / Job title (See Instructions) IT support 9 Employer (See Instructions) The University of Texas at Austin Amount of Contribution (\$) Date 01/27/2024 Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Amount of Contribution (\$)	Filers) \$5.00 \$5.00
Every State Blue - Texas 00087094 4 Date 5 Full name of contributor or out-of-state PAC (ID#:) Castillo, Joanna 7 Amount of Contribution (\$) 02/16/2024 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) IT support 9 Employer (See Instructions) The University of Texas at Austin Date Full name of contributor out-of-state PAC (ID#:) Chaney, Melissa Out-of-state PAC (ID#:) Amount of Contribution (\$)	\$5.00
Every State Blue - Texas 00087094 4 Date 5 Full name of contributor or out-of-state PAC (ID#:) Castillo, Joanna 7 Amount of Contribution (\$) 02/16/2024 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) IT support 9 Employer (See Instructions) The University of Texas at Austin Date Full name of contributor out-of-state PAC (ID#:) Chaney, Melissa Out-of-state PAC (ID#:) Amount of Contribution (\$)	\$5.00
02/16/2024 Castillo, Joanna 6 Contributor address; City; State; Zip Code Austin, TX 78765 Austin, TX 78765 8 Principal occupation / Job title (See Instructions) IT support 9 Employer (See Instructions) The University of Texas at Austin Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/27/2024 Chaney, Melissa IT Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code Austin, TX 78765 Austin, TX 78765 8 Principal occupation / Job title (See Instructions) IT support 9 Employer (See Instructions) The University of Texas at Austin Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/27/2024 Chaney, Melissa Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code Austin, TX 78765 Austin, TX 78765 8 Principal occupation / Job title (See Instructions) IT support 9 Employer (See Instructions) The University of Texas at Austin Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/27/2024 Chaney, Melissa Image: Contribution (\$)	\$5.00
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Included Health Date Full name of contributor out-of-state PAC (ID#:) 04/24/2024 Coker, Jonathan Contributor address; City; State; Zip Code Amount of Contribution (\$) Dallas, TX 75214 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code]
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Included Health Date Full name of contributor out-of-state PAC (ID#:) 04/24/2024 Coker, Jonathan Contributor address; City; State; Zip Code Amount of Contribution (\$) Dallas, TX 75214 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Dallas TX 75214		
Physician Included Health Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/24/2024 Coker, Jonathan \$5.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$5.00 Dallas, TX 75214 Dallas, TX 75214 Employer (See Instructions)	Princinal occu		Employer (See Instructions	e)
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/24/2024 Coker, Jonathan \$5.00 Contributor address; City; State; Zip Code Dallas, TX 75214 Principal occupation / Job title (See Instructions) Employer (See Instructions)				2)
04/24/2024 Coker, Jonathan \$5.00 Contributor address; City; State; Zip Code Dallas, TX 75214 Principal occupation / Job title (See Instructions) Employer (See Instructions)				Amount of Contribution (\$)
Contributor address; City; State; Zip Code Dallas, TX 75214 Principal occupation / Job title (See Instructions) Employer (See Instructions)			··/	
Dallas, TX 75214 Principal occupation / Job title (See Instructions) Employer (See Instructions)			,	1
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
		Dallas, TX 75214		
Physician Included Health		pation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		Included Health	

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 37/252 Rpt: 40/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/24/2024	Coker, Jonathan		\$5.00
	6 Contributor address; City; State; Zip Code		•
	Dallas, TX 75214		
-	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Physician		Included Health	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
01/23/2024	Coker, Megan		\$5.00
	Contributor address; City; State; Zip Code		1
	DALLAS, TX 75214		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
None		Currently unemployed	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/23/2024	Coker, Megan		\$1.50
	Contributor address; City; State; Zip Code		•
	DALLAS, TX 75214		
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)
None		Currently unemployed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/23/2024	Coker, Megan		\$5.00
	Contributor address; City; State; Zip Code		1
	DALLAS, TX 75214		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
None		Currently unemployed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/23/2024	Coker, Megan		\$1.50
	Contributor address; City; State; Zip Code		1
	DALLAS, TX 75214		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
None		Currently unemployed	

The Instruc	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 38/252 Rpt: 41/260	
2 FILER NAME				Filer ID (Ethics Commission F	-ilers)
Every State I	Blue - Texas			00087094	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 /	Amount of Contribution (\$)	
03/23/2024	Coker, Megan				\$5.00
	6 Contributor address; City; State; Zip Code		1		
	DALLAS, TX 75214	Employer (Cool Instructions)			
8 Principal occuj None	pation / Job title (See Instructions)	9 Employer (See Instructions) Currently unemployed	;)		
					
Date	Full name of contributor out-of-state PAC (ID#:)	<i>^</i>	Amount of Contribution (\$)	#1 FO
03/23/2024	Coker, Megan				\$1.50
	Contributor address; City; State; Zip Code				
	DALLAS, TX 75214				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> 5)		
None		Currently unemployed	,		
Date	Full name of contributor Out-of-state PAC (ID#:)	4	Amount of Contribution (\$)	
04/23/2024	Coker, Megan				\$5.00
	Contributor address; City; State; Zip Code				
	DALLAS, TX 75214				
	pation / Job title (See Instructions)	Employer (See Instructions)	s)		
None		Currently unemployed			
Date	Full name of contributor out-of-state PAC (ID#:)	A	Amount of Contribution (\$)	
04/23/2024	Coker, Megan				\$1.50
	Contributor address; City; State; Zip Code				
	DALLAS, TX 75214				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u> چ)		
None			,		
		Currently unemployed			
Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	Full name of contributor out-of-state PAC (ID#:_ Coker, Megan		-	Amount of Contribution (\$)	\$5.00
Date	Coker, Megan		4	Amount of Contribution (\$)	\$5.00
Date				Amount of Contribution (\$)	\$5.00
Date	Coker, Megan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
Date 05/23/2024	Coker, Megan Contributor address; City; State; Zip Code DALLAS, TX 75214)		Amount of Contribution (\$)	\$5.00
Date 05/23/2024	Coker, Megan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00

<u> </u>						
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 39/252 Rpt: 42/260	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Every State				00087094	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	05/23/2024	Coker, Megan				\$1.50
	I	6 Contributor address; City; State; Zip Code				
		DALLAS, TX 75214				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	None		Currently unemployed			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/21/2024	Collier, Michael				\$12.50
	I	Contributor address; City; State; Zip Code		ł		
		Kingwood, TX 77345				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	CPA		Weaver			
	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	01/21/2024	Collier, Michael				\$3.75
		Contributor address; City; State; Zip Code		1		
		Kingwood, TX 77345				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	CPA		Weaver			
Γ	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	02/21/2024	Collier, Michael				\$12.50
	I	Contributor address; City; State; Zip Code		1		
		Kingwood, TX 77345		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	CPA		Weaver	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷0.75
	02/21/2024	Collier, Michael				\$3.75
		Contributor address; City; State; Zip Code				
		Kingwood TV 77945				
\vdash	Dringing occu	Kingwood, TX 77345	Employer (See Instructions			
	Principal occu CPA	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
			Weaver			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 40/252 Rpt: 43/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/21/2024 Collier, Michael \$12.50 6 Contributor address; City; State; Zip Code Kingwood, TX 77345 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CPA Weaver Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/21/2024 \$3.75 Collier, Michael Contributor address; City; State; Zip Code Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Weaver Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/21/2024 Collier, Michael \$12.50 Contributor address; City; State; Zip Code Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Weaver Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/21/2024 \$3.75 Collier, Michael Contributor address; City; State; Zip Code Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Weaver Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/21/2024 Collier, Michael \$12.50 Contributor address; City; State; Zip Code Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Weaver

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 41/252 Rpt: 44/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/21/2024 Collier, Michael \$3.75 6 Contributor address; City; State; Zip Code Kingwood, TX 77345 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CPA Weaver Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/03/2024 Compton, Annie \$5.00 Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artost Self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/18/2024 Compton, Annie \$5.00 Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/18/2024 Compton, Annie \$1.50 Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/03/2024 \$5.00 Compton, Annie Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artost Self

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 42/252 Rpt: 45/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/18/2024 Compton, Annie \$5.00 6 Contributor address; City; State; Zip Code Austin, TX 78757 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Artist Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/18/2024 Compton, Annie \$1.50 Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/03/2024 Compton, Annie \$5.00 Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artost Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/18/2024 \$5.00 Compton, Annie Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/18/2024 \$1.50 Compton, Annie Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 43/252 Rpt: 46/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/03/2024 Compton, Annie \$5.00 6 Contributor address; City; State; Zip Code Austin, TX 78757 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Artost Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/18/2024 Compton, Annie \$5.00 Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/18/2024 Compton, Annie \$1.50 Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/03/2024 \$5.00 Compton, Annie Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artost Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/18/2024 \$5.00 Compton, Annie Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self

	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 44/252 Rpt: 47/260	
2	FILER NAME				3	Filer ID (Ethics Commission F	-ilers)
	Every State	Blue - Texas				00087094	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	05/18/2024	Compton, Annie					\$1.50
		6 Contributor address; City; Sta	ate; Zip Code				
		Austin, TX 78757					
8	Principal occu	pation / Job title (See Instructions))	9 Employer (See Instructions	5)		
	Artist			Self			
Γ	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/03/2024	Compton, Annie					\$5.00
		Contributor address; City; Sta	ate; Zip Code		1		
		Austin, TX 78757					
		pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Artost			Self			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/18/2024	Compton, Annie					\$5.00
		Contributor address; City; Sta	ate; Zip Code		1		
		Austin, TX 78757			Ļ		
	Principal occu Artist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Anisi			500	_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/18/2024	Compton, Annie					\$1.50
		Contributor address; City; Sta	ate; Zip Code				
		Austin TV 70757					
_	Dringing ogg	Austin, TX 78757		Employer (See Instructions	<u> </u>		
	Artist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
╘							
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
	01/21/2024	Couvillion, Karyn					\$5.00
		Contributor address; City; Sta	ate; Zip Code				
		Austin, TX 78745					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	HR Specialis		1	Texas Department of Ba		kina	
⊢							

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	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 45/252 Rpt: 48/260
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Every State	Blue - Texas		00087094
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	01/21/2024	Couvillion, Karyn		\$1.50
		6 Contributor address; City; State; Zip Code		
		Austin, TX 78745		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	HR Specialis	t	Texas Department of Ba	anking
	Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)
	02/21/2024	Couvillion, Karyn		\$5.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78745		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	HR Specialis	t	Texas Department of Ba	anking
	Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)
	02/21/2024	Couvillion, Karyn		\$1.50
		Contributor address; City; State; Zip Code		•
		Austin, TX 78745		
		pation / Job title (See Instructions)	Employer (See Instructions	
	HR Specialis	t	Texas Department of Ba	anking
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/21/2024	Couvillion, Karyn		\$5.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78745		
		pation / Job title (See Instructions)	Employer (See Instructions	
	HR Specialis	t	Texas Department of Ba	anking
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/21/2024	Couvillion, Karyn		\$1.50
		Contributor address; City; State; Zip Code		
		Austin, TX 78745		
		pation / Job title (See Instructions)	Employer (See Instructions	
	HR Specialis	st	Texas Department of Ba	anking

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 46/252 Rpt: 49/260 2 FILER NAME 3 Filer ID (Ethics Commissio 00087094) 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	
Every State Blue - Texas 00087094	
Every State Blue - Texas 00087094	n Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	-
04/21/2024 Couvillion, Karyn	\$5.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78745	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
HR Specialist Texas Department of Banking	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
04/21/2024 Couvillion, Karyn	\$1.50
Contributor address; City; State; Zip Code	
Austin, TX 78745	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
HR Specialist Texas Department of Banking	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
05/21/2024 Couvillion, Karyn	\$5.00
Contributor address; City; State; Zip Code	
Austin, TX 78745	
Principal occupation / Job title (See Instructions)Employer (See Instructions)HR SpecialistTexas Department of Banking	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	#1 FO
05/21/2024 Couvillion, Karyn	\$1.50
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Austin, TX 78745	
Austin, TX 78745 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Austin, TX 78745 Principal occupation / Job title (See Instructions) HR Specialist Employer (See Instructions) Texas Department of Banking	
Austin, TX 78745 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) HR Specialist Texas Department of Banking Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	\$12.50
Austin, TX 78745 Principal occupation / Job title (See Instructions) HR Specialist Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Covington, Leslee	\$12.50
Austin, TX 78745 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) HR Specialist Texas Department of Banking Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	\$12.50
Austin, TX 78745 Principal occupation / Job title (See Instructions) HR Specialist Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Covington, Leslee	\$12.50
Austin, TX 78745 Principal occupation / Job title (See Instructions) HR Specialist Date Full name of contributor 04/14/2024 Covington, Leslee	\$12.50
Austin, TX 78745 Principal occupation / Job title (See Instructions) HR Specialist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 04/14/2024 Covington, Leslee Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$)	\$12.50
Austin, TX 78745 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) HR Specialist Texas Department of Banking Date Full name of contributor out-of-state PAC (ID#:) 04/14/2024 Covington, Leslee Contributor address; City; State; Zip Code Amount of Contribution (\$) Colleyville, TX 76034 Colleyville, TX 76034	\$12.50
Austin, TX 78745 Principal occupation / Job title (See Instructions) HR Specialist Employer (See Instructions) Texas Department of Banking Date Full name of contributor out-of-state PAC (ID#:) Covington, Leslee Amount of Contribution (\$) 04/14/2024 Contributor address; City; State; Zip Code Amount of Contribution (\$) Colleyville, TX 76034 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$12.50

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 47/252 Rpt: 50/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
04/14/2024	Covington, Leslee		\$3.75
	6 Contributor address; City; State; Zip Code		
	Colleyville, TX 76034		
	pation / Job title (See Instructions)	9 Employer (See Instructions))
Retired		N/A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/14/2024	Covington, Leslee		\$12.50
	Contributor address; City; State; Zip Code		
	Colleyville, TX 76034		
	pation / Job title (See Instructions)	Employer (See Instructions))
Retired		N/A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/14/2024	Covington, Leslee		\$3.75
	Contributor address; City; State; Zip Code		
D in single and	Colleyville, TX 76034		
Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/14/2024	Covington, Leslee		\$12.50
	Contributor address; City; State; Zip Code		
	Colleyville, TX 76034		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Retired		N/A)
		l	Amount of Contribution (\$)
Date 06/14/2024	Full name of contributor out-of-state PAC (ID#: Covington, Leslee)	Amount of Contribution (\$) \$3.75
00/14/2024			ψυ.τυ
	Contributor address; City; State; Zip Code		
	Colleyville, TX 76034		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Retired		N/A	,

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 48/252 Rpt: 51/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/18/2024 Cox, Karen \$7.50 6 Contributor address; City; State; Zip Code El Cerrito, CA 94530 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/18/2024 \$2.25 Cox, Karen Contributor address; City; State; Zip Code El Cerrito, CA 94530 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/18/2024 Cox, Karen \$7.50 Contributor address; City; State; Zip Code El Cerrito, CA 94530 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/18/2024 \$2.25 Cox, Karen Contributor address; City; State; Zip Code El Cerrito, CA 94530 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/01/2024 \$2.50 Cox, Tinker Contributor address; City; State; Zip Code Pasadena, TX 77505 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 57/252 Rpt: 60/260	
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	e Blue - Texas		00087094	,
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	Bakersfield, CA 93309			
8 Principal occ professor	cupation / Job title (See Instructions)	9 Employer (See Instructions The California State Uni		
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05/18/2024				3.63
	Contributor address; City; State; Zip Code			
	Bakersfield, CA 93309			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	3)	
professor		The California State Uni	iversity	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
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	Contributor address; City; State; Zip Code		1	
	Bakersfield, CA 93309			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	۶)	
professor		The California State Uni	iversity	
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06/18/2024	Dodd, Douglas			3.63
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	Bakersfield, CA 93309			
Principal occ professor	cupation / Job title (See Instructions)	Employer (See Instructions The California State Uni		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/28/2024	Edwards, Desiree		\$12	2.50
	Contributor address; City; State; Zip Code			
	Plano, TX 75093			
-	cupation / Job title (See Instructions)	Employer (See Instructions	\$)	
Retired		Retired		

The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 58/252 Rpt: 61/260		
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
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4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
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		Plano, TX 75093				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
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	04/28/2024	Edwards, Desiree				\$12.50
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		Plano, TX 75093				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
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	Retired		Retired			
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	Retired		Retired			

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 60/252 Rpt: 63/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/29/2024 Elliott, Deborah \$0.50 6 Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Registered Nurse** retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/10/2024 Elliott, Deborah \$5.00 Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/30/2024 Elliott, Deborah \$5.00 Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Registered Nurse** retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/30/2024 \$0.50 Elliott, Deborah Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Registered Nurse** retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/10/2024 \$5.00 Elliott, Deborah Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 61/252 Rpt: 64/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/30/2024 Elliott, Deborah \$5.00 6 Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Registered Nurse** retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/30/2024 \$0.50 Elliott, Deborah Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Registered Nurse** retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/10/2024 Elliott, Deborah \$5.00 Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/10/2024 \$5.00 Elliott, Deborah Contributor address; City; State; Zip Code Giddings, TX 78942 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/14/2024 \$2.50 Erickson, Amanda Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) BSA RGA

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Accounting		Standard Meat	
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06/18/2024	Evans, Carlyn		\$5.00
	Contributor address; City; State; Zip Code		
	Saginaw, TX 76179		
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	Contributor address; City; State; Zip Code		
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Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/30/2024	Ewald, Bart		\$5.00
	Contributor address; City; State; Zip Code		
	Hilltop Lakes, TX 77871		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	2)
home repair		self	<i>v</i>
			Amount of Contribution (\$)
Date 01/30/2024	Full name of contributor out-of-state PAC (ID#: Ewald, Bart)	Amount of Contribution (\$) \$1.50
ULIJUILULA			ψ1.00
	Contributor address; City; State; Zip Code		
	Hilltop Lakes, TX 77871		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
home repair		self	·

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 67/252 Rpt: 70/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/29/2024 Ewald, Bart \$5.00 6 Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 home repair self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/29/2024 Ewald, Bart \$1.50 Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) Employer (See Instructions) home repair self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/30/2024 Ewald, Bart \$5.00 Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) Employer (See Instructions) home repair self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/30/2024 Ewald, Bart \$1.50 Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) Employer (See Instructions) home repair self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/30/2024 \$5.00 Ewald, Bart Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) Employer (See Instructions) home repair self

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 68/252 Rpt: 71/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/30/2024 Ewald, Bart \$1.50 6 Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 home repair self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/30/2024 Ewald, Bart \$5.00 Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) Employer (See Instructions) home repair self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/30/2024 Ewald, Bart \$1.50 Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871 Principal occupation / Job title (See Instructions) Employer (See Instructions) home repair self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/01/2024 \$5.00 Ferguson, Rebecca Contributor address; City; State; Zip Code Wylie, TX 75098 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/01/2024 Ferguson, Rebecca \$1.50 Contributor address; City; State; Zip Code Wylie, TX 75098 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

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The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 69/252 Rpt: 72/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
02/01/2024	Ferguson, Rebecca		\$5.00
ļ	6 Contributor address; City; State; Zip Code		1
	Wylie, TX 75098		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/01/2024	Ferguson, Rebecca		\$1.50
	Contributor address; City; State; Zip Code		1
	Wylie, TX 75098	-	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/01/2024	Ferguson, Rebecca		\$5.00
	Contributor address; City; State; Zip Code		1
	MAN TY JEADO		
Dringinal occu	Wylie, TX 75098 upation / Job title (See Instructions)	Employer (See Instructions	_\
retired		Employer (See Instructions retired	\$)
			1
Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/01/2024	Ferguson, Rebecca		\$1.50
	Contributor address; City; State; Zip Code		
	Wylie, TX 75098		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired		retired	,
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
04/01/2024	Ferguson, Rebecca		\$5.00
	Contributor address; City; State; Zip Code		1
l			
l			
	Wylie, TX 75098		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
retired		retired	
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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 70/252 Rpt: 73/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/01/2024	Ferguson, Rebecca		\$1.50
	6 Contributor address; City; State; Zip Code		1
Drincipal occu	Wylie, TX 75098 upation / Job title (See Instructions)	9 Employer (See Instructions	N
retired		retired	>)
			Amount of Contribution (\$)
Date 05/01/2024	Full name of contributor out-of-state PAC (ID#: Ferguson, Rebecca)	Amount of Contribution (\$) \$5.00
00/01/2024	-		ψυ.υυ
	Contributor address; City; State; Zip Code		
	Wylie, TX 75098		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/01/2024	Ferguson, Rebecca		\$1.50
	Contributor address; City; State; Zip Code		
Dringing Loop	Wylie, TX 75098		,
Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions retired	5)
			1 Amount of Contribution (ft)
Date 06/01/2024	Full name of contributor out-of-state PAC (ID#: Ferguson, Rebecca)	Amount of Contribution (\$) \$5.00
00/01/2027	Contributor address; City; State; Zip Code		\$0.00
	Continuator address, City, State, Zip Code		
	Wylie, TX 75098		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/01/2024	Ferguson, Rebecca		\$1.50
	Contributor address; City; State; Zip Code		
	Wylie, TX 75098	- · · · · · · · · · · · · · · · · · · ·	-
-	upation / Job title (See Instructions)	Employer (See Instructions	S)
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 71/252 Rpt: 74/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/31/2024	Foerster, Sharon		\$5.00
	6 Contributor address; City; State; Zip Code		1
	AUSTIN, TX 78703		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Retired Spar	nish professro	retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/31/2024	Foerster, Sharon		\$1.50
	Contributor address; City; State; Zip Code		•
	AUSTIN, TX 78703		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired Spar	nish professro	retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/29/2024	Foerster, Sharon		\$5.00
	Contributor address; City; State; Zip Code		•
	AUSTIN, TX 78703		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Retired Spar	nish professro	retired	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/29/2024	Foerster, Sharon		\$1.50
~	Contributor address; City; State; Zip Code		·
	Contributor address, City, State, Eip Code		
	AUSTIN, TX 78703		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
-	nish professro	retired	,
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
03/31/2024	Foerster, Sharon	/	\$5.00
00,01,202			· · · · · ·
	Contributor address; City; State; Zip Code		
	AUSTIN, TX 78703		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
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The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 72/252 Rpt: 75/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
03/31/2024			\$1.50
	6 Contributor address; City; State; Zip Code		1
	AUSTIN, TX 78703	-	
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
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Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/30/2024	Foerster, Sharon		\$5.00
	Contributor address; City; State; Zip Code	1	1
Di dastasa	AUSTIN, TX 78703		Į
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
	nish professro	retired	.
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/30/2024			\$1.50
	Contributor address; City; State; Zip Code		
	AUSTIN, TX 78703		
Dringinal occu	upation / Job title (See Instructions)	Employer (Soo Instruction)	~\
	unish professro	Employer (See Instructions retired	\$)
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Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/31/2024	Foerster, Sharon		\$5.00
	Contributor address; City; State; Zip Code		
	AUSTIN, TX 78703		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
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05/31/2024)	\$1.50
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	Contributor address; City; State; Zip Code		
	AUSTIN, TX 78703		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 73/252 Rpt: 76/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/09/2024 Freimann, Vicki \$25.00 6 Contributor address; City; State; Zip Code La Canada, CA 91011 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney retired N/a Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/12/2024 \$7.50 Frey, Dale Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Web Developer and Systems Administrator Mobomo LLC Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/12/2024 Frey, Dale \$2.00 Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Web Developer and Systems Administrator Mobomo LLC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/12/2024 \$7.50 Frey, Dale Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Web Developer and Systems Administrator Mobomo LLC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/12/2024 \$2.00 Frey, Dale Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Web Developer and Systems Administrator Mobomo LLC

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 74/252 Rpt: 77/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/12/2024 Frey, Dale \$7.50 6 Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Web Developer and Systems Administrator Mobomo LLC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/12/2024 \$2.00 Frey, Dale Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Web Developer and Systems Administrator Mobomo LLC Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/12/2024 Frey, Dale \$7.50 Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Web Developer and Systems Administrator Mobomo LLC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/12/2024 \$2.00 Frey, Dale Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Web Developer and Systems Administrator Mobomo LLC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/12/2024 \$7.50 Frey, Dale Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Web Developer and Systems Administrator Mobomo LLC

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 75/252 Rpt: 78/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/12/2024 Frey, Dale \$2.00 6 Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Web Developer and Systems Administrator Mobomo LLC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/13/2024 \$7.50 Frey, Dale Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Web Developer and Systems Administrator Mobomo LLC Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/13/2024 Frey, Dale \$2.00 Contributor address; City; State; Zip Code THE COLONY, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Web Developer and Systems Administrator Mobomo LLC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/07/2024 \$0.50 Frost, Lucy Contributor address; City; State; Zip Code Manchaca, TX 78652 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief of Stuff for Pat Kirkland Leadership Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/07/2024 \$0.50 Frost, Lucy Contributor address; City; State; Zip Code Manchaca, TX 78652 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief of Stuff for Pat Kirkland Leadership Self

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 76/252 Rpt: 79/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/07/2024 Frost, Lucy \$0.50 6 Contributor address; City; State; Zip Code Manchaca, TX 78652 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Chief of Stuff for Pat Kirkland Leadership Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/30/2024 Fuller, Edna \$6.00 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/30/2024 Fuller, Edna \$1.80 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/29/2024 \$6.00 Fuller, Edna Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/29/2024 Fuller, Edna \$1.80 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 77/252 Rpt: 80/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/30/2024 Fuller, Edna \$6.00 6 Contributor address; City; State; Zip Code Lakeway, TX 78734 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/30/2024 Fuller, Edna \$1.80 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/30/2024 Fuller, Edna \$6.00 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2024 Fuller, Edna \$1.80 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/30/2024 \$6.00 Fuller, Edna Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 78/252 Rpt: 81/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/30/2024 Fuller, Edna \$1.80 6 Contributor address; City; State; Zip Code Lakeway, TX 78734 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/27/2024 Galloway, Melanie \$5.00 Contributor address; City; State; Zip Code ljamsville, MD 21754 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/27/2024 Galloway, Melanie \$1.50 Contributor address; City; State; Zip Code ljamsville, MD 21754 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/27/2024 \$5.00 Galloway, Melanie Contributor address; City; State; Zip Code ljamsville, MD 21754 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/27/2024 \$1.50 Galloway, Melanie Contributor address; City; State; Zip Code ljamsville, MD 21754 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 79/252 Rpt: 82/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/27/2024 Galloway, Melanie \$5.00 6 Contributor address; City; State; Zip Code ljamsville, MD 21754 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/27/2024 Galloway, Melanie \$1.50 Contributor address; City; State; Zip Code ljamsville, MD 21754 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/27/2024 Galloway, Melanie \$5.00 Contributor address; City; State; Zip Code ljamsville, MD 21754 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/27/2024 Galloway, Melanie \$1.50 Contributor address; City; State; Zip Code ljamsville, MD 21754 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/27/2024 \$5.00 Galloway, Melanie Contributor address; City; State; Zip Code ljamsville, MD 21754 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 80/252 Rpt: 83/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/27/2024 Galloway, Melanie \$1.50 6 Contributor address; City; State; Zip Code ljamsville, MD 21754 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/08/2024 Garcia, Jesse \$5.00 Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/08/2024 \$1.50 Garcia, Jesse Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/08/2024 \$5.00 Garcia, Jesse Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/08/2024 Garcia, Jesse \$1.50 Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 81/252 Rpt: 84/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/08/2024 Garcia, Jesse \$5.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Insurance broker Self employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/08/2024 Garcia, Jesse \$1.50 Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/08/2024 \$5.00 Garcia, Jesse Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/08/2024 Garcia, Jesse \$1.50 Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/08/2024 \$5.00 Garcia, Jesse Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 82/252 Rpt: 85/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/08/2024 Garcia, Jesse \$1.50 6 Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Insurance broker Self employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/08/2024 Garcia, Jesse \$5.00 Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/08/2024 \$1.50 Garcia, Jesse Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance broker Self employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/30/2024 \$2.50 Garcia, Lisha Contributor address; City; State; Zip Code San Antonio, TX 78247 Principal occupation / Job title (See Instructions) Employer (See Instructions) UTSA project manager Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/30/2024 Garcia, Lisha \$1.00 Contributor address; City; State; Zip Code San Antonio, TX 78247 Principal occupation / Job title (See Instructions) Employer (See Instructions) project manager UTSA

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2 FILER NAME	1 Total pages Schedule A1: Sch: 87/252 Rpt: 90/260
	3 Filer ID (Ethics Commission Filers)
Every State Blue - Texas	00087094
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/09/2024 Grubb, Greg	\$5.00
6 Contributor address; City; State; Zip Code	
Tyler, TX 75701	
 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions))
Retired Retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/09/2024 Grubb, Greg	\$1.50
Contributor address; City; State; Zip Code	
Tyler, TX 75701	
	N
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/09/2024 Grubb, Greg	\$5.00
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Tyler, TX 75701)
Tyler, TX 75701 Principal occupation / Job title (See Instructions) Employer (See Instructions))
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Tyler, TX 75701 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Tyler, TX 75701 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor 03/09/2024 Grubb, Greg	
Tyler, TX 75701 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Tyler, TX 75701 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor 03/09/2024 Grubb, Greg	Amount of Contribution (\$)
Tyler, TX 75701 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor 03/09/2024 Grubb, Greg	Amount of Contribution (\$)
Tyler, TX 75701 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) 03/09/2024 Grubb, Greg Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$1.50
Tyler, TX 75701 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Grubb, Greg 03/09/2024 Grubb, Greg Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$1.50
Tyler, TX 75701 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:) 03/09/2024 Grubb, Greg Contributor address; City; State; Zip Code Tyler, TX 75701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Employer (See Instructions) Retired Employer (See Instructions) Retired Employer (See Instructions) Retired Employer (See Instructions)	Amount of Contribution (\$) \$1.50
Tyler, TX 75701 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:) 03/09/2024 Grubb, Greg Contributor address; City; State; Zip Code Tyler, TX 75701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Employer (See Instructions) Retired Employer (See Instructions)	Amount of Contribution (\$) \$1.50
Tyler, TX 75701 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) 03/09/2024 Grubb, Greg Contributor address; City; State; Zip Code Tyler, TX 75701 Tyler, TX 75701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Tyler, TX 75701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Tyler, TX 75701 Date Full name of contributor Oate Full name of contributor O4/09/2024 Grubb, Greg	Amount of Contribution (\$) \$1.50) Amount of Contribution (\$)
Tyler, TX 75701 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:) 03/09/2024 Grubb, Greg	Amount of Contribution (\$) \$1.50) Amount of Contribution (\$)
Tyler, TX 75701 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) 03/09/2024 Grubb, Greg Contributor address; City; State; Zip Code Tyler, TX 75701 Tyler, TX 75701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Tyler, TX 75701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Tyler, TX 75701 Date Full name of contributor Oate Full name of contributor O4/09/2024 Grubb, Greg	Amount of Contribution (\$) \$1.50) Amount of Contribution (\$)
Tyler, TX 75701 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) 03/09/2024 Grubb, Greg Contributor address; City; State; Zip Code Tyler, TX 75701 Tyler, TX 75701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Tyler, TX 75701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Tyler, TX 75701 Date Full name of contributor Oate Full name of contributor O4/09/2024 Grubb, Greg	Amount of Contribution (\$) \$1.50) Amount of Contribution (\$)
Tyler, TX 75701 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) 03/09/2024 Grubb, Greg	Amount of Contribution (\$) \$1.50 Amount of Contribution (\$) \$5.00

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 88/252 Rpt: 91/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
04/09/2024	Grubb, Greg		\$1.50
	6 Contributor address; City; State; Zip Code		1
	Tyler, TX 75701		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/09/2024	Grubb, Greg		\$5.00
	Contributor address; City; State; Zip Code		1
D testent easy	Tyler, TX 75701		
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions	3)
		Retired	.
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/09/2024			\$1.50
	Contributor address; City; State; Zip Code		
	Tyler, TX 75701		
Drincinal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	~\
Retired		Retired	>)
Date 06/09/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
00/09/2024	Grubb, Greg		\$5.00
	Contributor address; City; State; Zip Code		
	Tyler, TX 75701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)
Retired		Retired	,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/09/2024	Grubb, Greg		\$1.50
	Contributor address; City; State; Zip Code		1
	Tyler, TX 75701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Retired		Retired	
		<u> </u>	

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 89/252 Rpt: 92/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	:)	7 Amount of Contribution (\$)
01/30/2024	Guy, Linda		\$5.00
	6 Contributor address; City; State; Zip Code		·
	Austin, TX 78704		
	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
retired Nurse	e Practitioner	retired	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
01/30/2024	Guy, Linda		\$1.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78704		
	upation / Job title (See Instructions)	Employer (See Instructions	s)
retired Nurse	e Practitioner	retired	
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)
02/29/2024	Guy, Linda		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78704	-	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
retired Nurse	e Practitioner	retired	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
02/29/2024	Guy, Linda		\$1.50
	Contributor address; City; State; Zip Code		1
- : : .1	Austin, TX 78704		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
	e Practitioner	retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/30/2024	Guy, Linda	!	\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78704		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
retired Nurse	e Practitioner	retired	

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2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Every State Blue - Texas	00087094
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
03/30/2024 Guy, Linda	\$1.50
6 Contributor address; City; State; Zip Code	·
Austin, TX 78704	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	s)
retired Nurse Practitioner retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/30/2024 Guy, Linda	\$5.00
Contributor address; City; State; Zip Code	1
Austin, TX 78704	
Principal occupation / Job title (See Instructions) Employer (See Instructions	5)
retired Nurse Practitioner retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/30/2024 Guy, Linda	\$1.50
Contributor address; City; State; Zip Code	1
Austin, TX 78704	
Principal occupation / Job title (See Instructions) Employer (See Instructions retired Nurse Practitioner retired	3)
	T
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2024 Guy, Linda	\$5.00
Contributor address; City; State; Zip Code	
Austin, TX 78704	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	<u>ا</u>
retired Nurse Practitioner retired	5)
Data Eull name of contributor Data BAC (ID#:)	Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$1.50
05/30/2024 Guy, Linda	Amount of Contribution (\$) \$1.50
05/30/2024 Guy, Linda	
05/30/2024 Guy, Linda	
05/30/2024 Guy, Linda Contributor address; City; State; Zip Code	\$1.50
05/30/2024 Guy, Linda Contributor address; City; State; Zip Code Austin, TX 78704	\$1.50
05/30/2024 Guy, Linda Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions	\$1.50

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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 92/252 Rpt: 95/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
02/29/2024	Hecker, Marvin		\$5.00
	6 Contributor address; City; State; Zip Code		1
		l	
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C. Direital ages	Austin, TX 78746		
8 Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions Retired	5)
			1
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
02/29/2024	Hecker, Marvin		\$1.50
	Contributor address; City; State; Zip Code	1	
		1	
	Austin, TX 78746	l	
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Retired	,	Retired	-
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
03/30/2024	Hecker, Marvin	/	\$5.00
	Contributor address; City; State; Zip Code		1
		l	
	Austin, TX 78746		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor Dout-of-state PAC (ID#:_	:)	Amount of Contribution (\$)
03/30/2024	Hecker, Marvin		\$1.50
	Contributor address; City; State; Zip Code]
	Austin, TX 78746	l	
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Retired		Retired	<i>.</i> ,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
04/30/2024	Hecker, Marvin	/	\$5.00
	Contributor address; City; State; Zip Code		1
		l	
	Austin, TX 78746		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	
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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/30/2024	Hecker, Marvin		\$1.50
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78746	1	
	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2024	Hecker, Marvin		\$5.00
	Contributor address; City; State; Zip Code]
	Austin, TX 78746		
Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	~\
Retired		Retired	>)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$1.50
05/30/2024	Hecker, Marvin		Φ1.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78746		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 6)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/31/2024	Henderson, Larry		\$2.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78741		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/29/2024	Henderson, Larry		\$2.50
	Contributor address; City; State; Zip Code]
	Augustian TV 70741		
Drizzinal acou	Austin, TX 78741		-
Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	3)
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 94/252 Rpt: 97/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State I	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
03/31/2024	Henderson, Larry		\$2.50
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78741		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/30/2024	Henderson, Larry		\$2.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78741	1	<u> </u>
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	<u>.</u>
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/31/2024	Henderson, Larry		\$2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78741		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<۱
Retired		Retired	<i>.</i> ,
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/30/2024	Herzog, Travis	/	\$5.00
0	Contributor address; City; State; Zip Code		
	Houston, TX 77065		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Software Eng	gineer	Hydrocarbon Data Syste	ems Inc.
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/30/2024	Herzog, Travis		\$1.50
	Contributor address; City; State; Zip Code		1
	Houston, TX 77065	•	
	pation / Job title (See Instructions)	Employer (See Instructions	
Software Eng	gineer	Hydrocarbon Data Syste	ems Inc.
1			

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 95/252 Rpt: 98/260
2	FILER NAME	_		3 Filer ID (Ethics Commission Filers)
	Every State	Blue - Texas		00087094
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	05/30/2024	Herzog, Travis		\$5.00
		6 Contributor address; City; State; Zip Code		
		· · · · · · · · · · · · · · · · · · ·		
		Houston, TX 77065		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
	Software En	gineer	Hydrocarbon Data Syste	ems Inc.
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/30/2024	Herzog, Travis		\$1.50
		Contributor address; City; State; Zip Code		
		Houston, TX 77065		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Software En	gineer	Hydrocarbon Data Syste	ems Inc.
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/31/2024	Holton, Mariah		\$5.00
		Contributor address; City; State; Zip Code		
		Lexington, TX 78947		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	bookkeeper		self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/31/2024	Holton, Mariah		\$1.50
		Contributor address; City; State; Zip Code		
		Lexington, TX 78947		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
	bookkeeper		self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	02/29/2024	Holton, Mariah		\$5.00
		Contributor address; City; State; Zip Code		
L		Lexington, TX 78947		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
	bookkeeper		self	
			•	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 96/252 Rpt: 99/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/29/2024 Holton, Mariah \$1.50 6 Contributor address; City; State; Zip Code Lexington, TX 78947 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 bookkeeper self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/31/2024 Holton, Mariah \$5.00 Contributor address; City; State; Zip Code Lexington, TX 78947 Principal occupation / Job title (See Instructions) Employer (See Instructions) bookkeeper self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/31/2024 Holton, Mariah \$1.50 Contributor address; City; State; Zip Code Lexington, TX 78947 Principal occupation / Job title (See Instructions) Employer (See Instructions) bookkeeper self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2024 \$5.00 Holton, Mariah Contributor address; City; State; Zip Code Lexington, TX 78947 Principal occupation / Job title (See Instructions) Employer (See Instructions) bookkeeper self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/30/2024 Holton, Mariah \$1.50 Contributor address; City; State; Zip Code Lexington, TX 78947 Principal occupation / Job title (See Instructions) Employer (See Instructions) bookkeeper self

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 97/252 Rpt: 100/260	
2	FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/31/2024	Holton, Mariah				\$5.00
		6 Contributor address; City; State; Zip Code				
		Lexington, TX 78947				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	bookkeeper		self			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/31/2024	Holton, Mariah				\$1.50
		Contributor address; City; State; Zip Code				
		Lexington, TX 78947				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	bookkeeper		self			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/20/2024	Hulit, Carol				\$4.00
		Contributor address; City; State; Zip Code		1		
		Miami, FL 33155		<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	retired		retired	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/20/2024	Hulit, Carol				\$4.00
		Contributor address; City; State; Zip Code				
		Miami, FL 33155				
\vdash	Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired	5)		
╞				1		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	ቀላ በበ
	03/20/2024	Hulit, Carol				\$4.00
		Contributor address; City; State; Zip Code				
		Miami, FL 33155				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	retired		retired	3)		
┝						
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The Instru	ction Guide explains how to complete this	; form.	1 Total pages Schedule A1: Sch: 98/252 Rpt: 101/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date 04/20/2024	5 Full name of contributor out-of-state PAC (ID# Hulit, Carol	#:)	7 Amount of Contribution (\$) \$4.00
	6 Contributor address; City; State; Zip Code		
	Miami, FL 33155		
8 Principal occur retired	upation / Job title (See Instructions)	9 Employer (See Instructions retired	\$)
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
01/09/2024	Hunziker, J Emil	<i>t</i> /	\$12.50
01/00/202	Contributor address; City; State; Zip Code		-
	Austin, TX 78751		
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)
VOLUNTEE	RISM	RETIRED	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
01/09/2024	Hunziker, J Emil		\$3.75
	Austin, TX 78751	•	
	upation / Job title (See Instructions)	Employer (See Instructions	;)
VOLUNTEE	RISM	RETIRED	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
02/09/2024	Hunziker, J Emil		\$12.50
	Contributor address; City; State; Zip Code		
·	Austin, TX 78751		
Principal occu VOLUNTEE	ipation / Job title (See Instructions) RISM	Employer (See Instructions RETIRED	\$)
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
02/09/2024	Hunziker, J Emil		\$3.75
	Contributor address; City; State; Zip Code		
	Austin, TX 78751		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
VOLUNTEE	RISM	RETIRED	
VOLUNTEE	RISM		

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The Instruc	ction Guide explains how	I to complete this f	orm.	1	Total pages Schedule A1: Sch: 99/252 Rpt: 102/260	
2 FILER NAME	· · · · · · · · · · · · · · · · · · ·			3	Filer ID (Ethics Commission	Filers)
	State Blue - Texas			00087094	- ,	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
03/09/2024	Hunziker, J Emil					\$12.50
	6 Contributor address; City; Sta	tate; Zip Code		1		
	Austin, TX 78751					
2 Dringinglocou			Employer (See Instruction)	$\sum_{i=1}^{n}$		
VOLUNTEEF	upation / Job title (See Instructions))	9 Employer (See Instructions RETIRED	5) 		
Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
03/09/2024	Hunziker, J Emil					\$3.75
1	Contributor address; City; Sta			1		
ļ						
ļ						
	Austin, TX 78751					
Principal occu	upation / Job title (See Instructions)	(ذ	Employer (See Instructions	5)		
VOLUNTEER	RISM	ļ	RETIRED			
Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
04/09/2024	Hunziker, J Emil					\$12.50
	Contributor address; City; Sta	tate: 7in Code		1		
			I			
	1		I			
ļ	Austin, TX 78751		I			
Principal occu	I upation / Job title (See Instructions)	s)	Employer (See Instructions	⊥		
VOLUNTEE		<i>`</i> !	RETIRED			
Date	Full name of contributor	out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
04/09/2024	Hunziker, J Emil		/			\$3.75
0-1/00/2021	Contributor address; City; Sta	tata: Zin Cada		-		Ψ0110
ļ		ale; zip coue				
1						
ļ	Austin, TX 78751		I			
Principal occu	I upation / Job title (See Instructions)	s)	Employer (See Instructions	<u> </u>		
VOLUNTEE		<i>,</i>	RETIRED	-,		
Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
05/09/2024	Hunziker, J Emil		/			\$12.50
03/03/2024				-		Ψ12.00
1	Contributor address; City; Sta	ate; Zip Code				
1						
	Austin, TX 78751					
Principal occu	upation / Job title (See Instructions)	3)	Employer (See Instructions	<u>г</u> 3)		
VOLUNTEER		ļ	RETIRED	-		
1						

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 100/252 Rpt: 103/260	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	;)
	ery State Blue - Texas		00087094	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/09/2024	· · · · · · · · · · · · · · · · · · ·		\$3	3.75
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78751	- · · · · · · · · · · · · · · · · · · ·		
	upation / Job title (See Instructions)	9 Employer (See Instructions RETIRED	\$)	
VOLUNTEE				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	· - 0
06/09/2024			\$12	2.50
	Contributor address; City; State; Zip Code			
	Austin, TX 78751			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
VOLUNTEE		RETIRED	"	
Date			Amount of Contribution (\$)	
06/09/2024)		3.75
0010312027				5.15
	Contributor address; City; State; Zip Code			
	Austin, TX 78751			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	<u>1</u> 3)	
VOLUNTEE	RISM	RETIRED		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/16/2024	Hutchings, Phillip		\$5	5.00
	Contributor address; City; State; Zip Code		•	
	Fort Worth, TX 76102	i		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
01/16/2024			\$1	1.50
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76102			
Bringinal occu		Employor (See Instructions		
Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	3)	
Retrict		Reureu		
1				

			1 Total pages Schedule A1:
The Instruc	ction Guide explains how to complete this f	orm.	Sch: 101/252 Rpt: 104/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State E	Blue - Texas	1	00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/16/2024	Hutchings, Phillip	1	\$5.00
ľ	6 Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
	1	,	
	Fort Worth, TX 76102	,	
Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	e)
Retired		Retired	2)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
02/16/2024	Hutchings, Phillip		\$1.50
			· ·
		,	
	1	1	
	Fort Worth, TX 76102		
	pation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/16/2024	Hutchings, Phillip		\$5.00
	Contributor address; City; State; Zip Code	1	1
	1	,	
	Fort Worth, TX 76102	1	
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	c)
Retired		Retired	2)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
03/16/2024	Hutchings, Phillip	/ I	\$1.50
	Contributor address; City; State; Zip Code		1
		1	
	1	,	
	Fort Worth, TX 76102		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/16/2024	Hutchings, Phillip		\$5.00
	Contributor address; City; State; Zip Code	1	
	1	1	
	Fort Worth, TX 76102	,	
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	د)
Retired		Retired	2)

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 102/252 Rpt: 105/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/16/2024	5-7		\$1.50
	6 Contributor address; City; State; Zip Code		1
		1	
	Fort Worth, TX 76102		
8 Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions Retired	\$)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/16/2024			\$5.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76102		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Retired		Retired	<i>'</i> ,
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
05/16/2024	Hutchings, Phillip	/	\$1.50
00,2111			
	Fort Worth, TX 76102		
	upation / Job title (See Instructions)	Employer (See Instructions	<u>ــــــــــــــــــــــــــــــــــــ</u>
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/16/2024	Hutchings, Phillip		\$5.00
	Contributor address; City; State; Zip Code		1
		ł	
	Fort Worth, TX 76102		
Principal occu		Employer (See Instructions	<u></u>
Principal occu Retired	upation / Job title (See Instructions)	Retired	3)
			Amount of Contribution (C)
Date 06/16/2024	Full name of contributor out-of-state PAC (ID#: Hutchings, Phillip		Amount of Contribution (\$) \$1.50
001101202 .	Contributor address; City; State; Zip Code		· · · ·
	Continuator address, City, State, Zip Code		
	Fort Worth, TX 76102		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	Σ δ)
Retired		Retired	
		<u>I</u>	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 103/252 Rpt: 106/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/17/2024			\$0.50
	6 Contributor address; City; State; Zip Code		
	Hull, TX 77564		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Technician		Government	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
02/17/2024	Johnson, Lamont		\$0.50
	Contributor address; City; State; Zip Code		
	Hull, TX 77564		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Technician		Government	·
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
)	
03/17/2024	Johnson, Lamont		\$0.50
	Contributor address; City; State; Zip Code		
B. indaa	Hull, TX 77564		<u> </u>
•	upation / Job title (See Instructions)	Employer (See Instructions	;)
Technician		Government	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/17/2024	Johnson, Lamont		\$0.50
	Contributor address; City; State; Zip Code		1
	Hull, TX 77564		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Technician		Government	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/17/2024	Johnson, Lamont		\$0.50
	Contributor address; City; State; Zip Code		
	Hull, TX 77564		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Technician		Government	<i>''</i>
T COMMONA.			

	The Instru	ction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 104/252 Rpt: 107/260	
2	FILER NAME			3	Filer ID (Ethics Commission I	Filers)
		Blue - Texas			00087094	- ,
4	Date	Date 5 Full name of contributor Out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	
	06/17/2024	Johnson, Lamont				\$0.50
		6 Contributor address; City; State; Zip Code		·		
		Hull, TX 77564				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Technician		Government			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	04/17/2024	Johnson, Nathan				\$5.00
		Contributor address; City; State; Zip Code		"		
		San Antonio, TX 78258	<u>.</u>			
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Health Syste	em Specialist	US Army			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	05/17/2024	Johnson, Nathan				\$5.00
		Contributor address; City; State; Zip Code		"		
		San Antonio, TX 78258	<u>.</u>			
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Health Syste	em Specialist	US Army			
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Γ	Amount of Contribution (\$)	
	06/17/2024	Johnson, Nathan				\$5.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78258	1			
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Health Sysle	em Specialist	US Army			
	Date	Full name of contributor out-of-state PAC (ID#:]	Amount of Contribution (\$)	
	01/30/2024	Jones, Carl]		\$10.00
		Contributor address; City; State; Zip Code]		
		Origonad TV 20000				
	<u></u>	Spicewood, TX 78669		Ť		
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
4						

The	e Instru	ction Guide explains how to complete this	s form.		otal pages Schedule A1: Sch: 105/252 Rpt: 108/260	
2 FILE	ER NAME			_	iler ID (Ethics Commission	
		Blue - Texas			00087094	
4 Date	Э	5 Full name of contributor out-of-state PAC (IE	D#:)	7 A	Amount of Contribution (\$)	
01/3	30/2024	Jones, Carl				\$2.00
		6 Contributor address; City; State; Zip Code		"		
		Spicewood, TX 78669				
		pation / Job title (See Instructions)	9 Employer (See Instruction	ıs)		
Reti	ired		Retired			
Date	9	Full name of contributor 🔲 out-of-state PAC (IE	D#:)	A	Amount of Contribution (\$)	
02/2	29/2024	Jones, Carl				\$10.00
		Contributor address; City; State; Zip Code				
		Spicewood, TX 78669				
		pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
Reti	ired		Retired			
Date	9	Full name of contributor 🔲 out-of-state PAC (IE	D#:)	A	Amount of Contribution (\$)	
02/2	29/2024	Jones, Carl				\$2.00
		Contributor address; City; State; Zip Code		"		
		Spicewood, TX 78669	1			
		pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
Reti	irea		Retired			
Date		Full name of contributor 🔲 out-of-state PAC (IE	D#:)	A	Amount of Contribution (\$)	
03/3	30/2024	Jones, Carl				\$10.00
		Contributor address; City; State; Zip Code				
		Chierwood TV 70660				
Drin		Spicewood, TX 78669	Employeer (Cool Instruction			
Reti		pation / Job title (See Instructions)	Employer (See Instruction Retired	is)		
Date		Full name of contributor Out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	±0.00
03/3	30/2024	Jones, Carl				\$2.00
		Contributor address; City; State; Zip Code				
		Spicewood, TX 78669				
Drin			Employer (Cool Instruction			
Reti		pation / Job title (See Instructions)	Employer (See Instruction Retired	is)		
	lleu		Relieu			

					_		
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 106/252 Rpt: 109/260	
2	FILER NAME				3	Filer ID (Ethics Commission I	Filers)
		Blue - Texas				00087094	1.0.0,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/30/2024	Jones, Carl					\$10.00
		6 Contributor address; City; S	state; Zip Code		"		
		Spicewood, TX 78669					
		pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	Retired			Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	04/30/2024	Jones, Carl					\$2.00
		Contributor address; City; S			1		
		Spicewood, TX 78669					
		pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Retired			Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Ī	Amount of Contribution (\$)	
	05/30/2024	Jones, Carl					\$10.00
		Contributor address; City; S	state; Zip Code		1		
		Spicewood, TX 78669					
		pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Retired			Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	05/30/2024	Jones, Carl					\$2.00
		Contributor address; City; S	state; Zip Code		1		
		Spicewood, TX 78669		1			
		pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Retired			Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	T	Amount of Contribution (\$)	
	01/30/2024	Jonsson, Karl					\$5.00
		Contributor address; City; S	tate; Zip Code]		
		Katy, TX 77450		1			
		pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Project Direc	tor		UT MD Anderson			

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The Instru	ction Guide explains hov	w to complete this f	orm.		Total pages Schedule A1: Sch: 107/252 Rpt: 110/260	
2 FILER NAME				3	Filer ID (Ethics Commission F	Filers)
Every State	Blue - Texas				00087094	-
1 Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
02/29/2024	Jonsson, Karl					\$5.00
	6 Contributor address; City; S	State; Zip Code				
	Katy, TX 77450					
B Principal occu	pation / Job title (See Instruction:	s)	9 Employer (See Instruction	us)		
Project Direct			UT MD Anderson	-		
Date	Full name of contributor	out-of-state PAC (ID#:_)	Т	Amount of Contribution (\$)	
03/30/2024	Jonsson, Karl					\$5.00
	Contributor address; City; S	State: Zip Code		·		
		hate, <u></u> p				
	Katy, TX 77450					
	<u> </u>	(s)	Employer (See Instruction	is)		
Principal occu	pation / Job title (See Instruction	5)				
Principal occu Project Direc		3)	UT MD Anderson			
		out-of-state PAC (ID#:_		T	Amount of Contribution (\$)	
Project Direc	Ctor Full name of contributor Jonsson, Karl	out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	\$5.00
Project Direc	Ctor Full name of contributor Jonsson, Karl	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
Project Direc	ctor Full name of contributor Jonsson, Karl	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
Project Direc	Ctor Full name of contributor Jonsson, Karl Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
Project Direc	ctor Full name of contributor Jonsson, Karl	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
Project Direc Date 04/30/2024 Principal occu	Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Ipation / Job title (See Instruction	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
Project Direc Date 04/30/2024	Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Ipation / Job title (See Instruction	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
Project Direc Date 04/30/2024 Principal occu	Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Ipation / Job title (See Instruction	out-of-state PAC (ID#:	Employer (See Instruction: UT MD Anderson	ns)	Amount of Contribution (\$)	\$5.00
Project Direc Date 04/30/2024 Principal occu Project Direc	Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Ipation / Job title (See Instructions Ctor Full name of contributor Jonsson, Karl	out-of-state PAC (ID#:	Employer (See Instruction UT MD Anderson	ns)		\$5.00
Project Direct Date 04/30/2024 Principal occu Project Direct Date	Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Ipation / Job title (See Instructions Ctor Full name of contributor Jonsson, Karl	out-of-state PAC (ID#:	Employer (See Instruction UT MD Anderson	ns)		
Project Direct Date 04/30/2024 Principal occu Project Direct Date	Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Ipation / Job title (See Instruction Ctor Full name of contributor Jonsson, Karl	out-of-state PAC (ID#:	Employer (See Instruction UT MD Anderson	ns)		
Project Direct Date 04/30/2024 Principal occu Project Direct Date	Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Ipation / Job title (See Instruction ctor Full name of contributor Jonsson, Karl Contributor address; City; S	out-of-state PAC (ID#:	Employer (See Instruction UT MD Anderson	ns)		
Project Direc Date 04/30/2024 Principal occu Project Direc Date 05/30/2024	Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 pation / Job title (See Instruction Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450	out-of-state PAC (ID#:	Employer (See Instruction: UT MD Anderson	IS)		
Project Direct Date 04/30/2024 Principal occu Project Direct Date 05/30/2024 Principal occu	Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Ipation / Job title (See Instruction Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Ipation / Job title (See Instruction	out-of-state PAC (ID#:	Employer (See Instruction: UT MD Anderson)	IS)		
Project Direc Date 04/30/2024 Principal occu Project Direc Date 05/30/2024	Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Ipation / Job title (See Instruction Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Ipation / Job title (See Instruction	out-of-state PAC (ID#:	Employer (See Instruction: UT MD Anderson	 IS) IS)	Amount of Contribution (\$)	
Project Direct Date 04/30/2024 Principal occu Project Direct Date 05/30/2024 Principal occu Project Direct Date	Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Ipation / Job title (See Instruction: Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Ipation / Job title (See Instruction: Ctor Full name of contributor Full name of contributor	out-of-state PAC (ID#:	Employer (See Instruction: UT MD Anderson)	 IS) IS)		\$5.00
Project Direct Date 04/30/2024 Principal occu Project Direct Date 05/30/2024 Principal occu Project Direct	Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Ipation / Job title (See Instruction: Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Ipation / Job title (See Instruction: Ctor	out-of-state PAC (ID#:	Employer (See Instruction: UT MD Anderson)	 IS) IS)	Amount of Contribution (\$)	
Project Direct Date 04/30/2024 Principal occu Project Direct Date 05/30/2024 Principal occu Project Direct Date	Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Ipation / Job title (See Instruction: Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Ipation / Job title (See Instruction: Ctor Full name of contributor Full name of contributor	out-of-state PAC (ID#:	Employer (See Instruction: UT MD Anderson)	 IS) IS)	Amount of Contribution (\$)	\$5.00
Project Direct Date 04/30/2024 Principal occu Project Direct Date 05/30/2024 Principal occu Project Direct Date	ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 pation / Job title (See Instruction: ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 pation / Job title (See Instruction: ctor Full name of contributor Judson, Cynthia	out-of-state PAC (ID#:	Employer (See Instruction: UT MD Anderson)	 IS) IS)	Amount of Contribution (\$)	\$5.00
Project Direct Date 04/30/2024 Principal occu Project Direct Date 05/30/2024 Principal occu Project Direct Date	Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Inpation / Job title (See Instruction Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Inpation / Job title (See Instruction Ctor Full name of contributor Judson, Cynthia Contributor address; City; S	out-of-state PAC (ID#:	Employer (See Instruction: UT MD Anderson)	 IS) IS)	Amount of Contribution (\$)	\$5.00
Project Direct Date 04/30/2024 Principal occu Project Direct Date 05/30/2024 Principal occu Project Direct Date 01/02/2024	Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 pation / Job title (See Instruction: ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 spation / Job title (See Instruction: ctor Full name of contributor Judson, Cynthia Contributor address; City; S Houston, TX 77096	out-of-state PAC (ID#:_ State; Zip Code s) out-of-state PAC (ID#:_ State; Zip Code s) out-of-state PAC (ID#:_ State; Zip Code	Employer (See Instruction: UT MD Anderson) Employer (See Instruction: UT MD Anderson)	IIS)	Amount of Contribution (\$)	\$5.00
Project Direct Date 04/30/2024 Principal occu Project Direct Date 05/30/2024 Principal occu Project Direct Date 01/02/2024	Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Inpation / Job title (See Instruction Ctor Full name of contributor Jonsson, Karl Contributor address; City; S Katy, TX 77450 Inpation / Job title (See Instruction Ctor Full name of contributor Judson, Cynthia Contributor address; City; S	out-of-state PAC (ID#:_ State; Zip Code s) out-of-state PAC (ID#:_ State; Zip Code s) out-of-state PAC (ID#:_ State; Zip Code	Employer (See Instruction: UT MD Anderson)	IIS)	Amount of Contribution (\$)	\$5.00

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 108/252 Rpt: 111/260	
2	FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
		Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/02/2024	Judson, Cynthia				\$1.50
		6 Contributor address; City; State; Zip Code	,	"		
		Houston, TX 77096				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	02/02/2024	Judson, Cynthia				\$5.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77096				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired	,	Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:_		Τ	Amount of Contribution (\$)	
	02/02/2024	Judson, Cynthia				\$1.50
				·		
		Houston, TX 77096				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Retired	,	Retired			
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	03/02/2024	Judson, Cynthia	/			\$5.00
		Contributor address; City; State; Zip Code		·		Ŧ = · · ·
		Houston, TX 77096				
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Retired			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_)	Т	Amount of Contribution (\$)	
	03/02/2024	Judson, Cynthia				\$1.50
		Contributor address; City; State; Zip Code		·		
		Houston, TX 77096				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	⊥ s)		
	Retired	,	Retired	-,		
⊢			<u> </u>			
1						

The Instruc	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 109/252 Rpt: 112/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State I	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (IE	D#:)	7 Amount of Contribution (\$)
04/02/2024	Judson, Cynthia		\$5.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77096		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)
04/02/2024	Judson, Cynthia		\$1.50
	Contributor address; City; State; Zip Code		
	Houston, TX 77096		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	is)
Retired		Retired	
Date	Full name of contributor 🔲 out-of-state PAC (IE	D#:)	Amount of Contribution (\$)
05/02/2024	Judson, Cynthia	_	\$5.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77096		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)
05/02/2024	Judson, Cynthia		\$1.50
	Contributor address; City; State; Zip Code		
	Houston, TX 77096		
	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Retired		Retired	
Date	Full name of contributor 🔲 out-of-state PAC (IE	D#:)	Amount of Contribution (\$)
06/02/2024	Judson, Cynthia		\$5.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77096		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	is)
Retired		Retired	

-	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 110/252 Rpt: 113/260	
2 6	FILER NAME			_	Filer ID (Ethics Commission I	Filers)
		Blue - Texas			00087094	
4 [Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
(06/02/2024	Judson, Cynthia				\$1.50
		6 Contributor address; City; State; Zip Code		"		
		Houston, TX 77096				
8 F	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
F	Retired		Retired			
[Date	Full name of contributor out-of-state PAC (ID#:	·)	Τ	Amount of Contribution (\$)	
(01/17/2024	Jurvetson, Karla				\$25.00
		Contributor address; City; State; Zip Code		.		
		- · · ·				
		Los Altos, CA 94022				
F	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>-</u> s)		
F	physician		self			
[Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
(01/17/2024	Jurvetson, Karla				\$7.50
		Contributor address; City; State; Zip Code		·		
		Los Altos, CA 94022				
F	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
F	physician		self			
[Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
(02/17/2024	Jurvetson, Karla				\$25.00
		Contributor address; City; State; Zip Code		.		
		Los Altos, CA 94022				
F	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
F	physician		self			
[Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
(02/17/2024	Jurvetson, Karla				\$7.50
		Contributor address; City; State; Zip Code		"		
		Los Altos, CA 94022				
F	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> s)		
۲ ا	physician		self			

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 111/252 Rpt: 114/260	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	ilers)
	- Blue - Texas		00087094	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
03/17/2024	-			\$25.00
	6 Contributor address; City; State; Zip Code			
	Los Altos, CA 94022			
	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
physician		self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/17/2024				\$7.50
	Contributor address; City; State; Zip Code			
	-			
	Los Altos, CA 94022			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
physician		self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/17/2024	— —			\$25.00
	Contributor address; City; State; Zip Code			
	Los Altos, CA 94022			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)	
physician		self		
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/17/2024				\$7.50
	Contributor address; City; State; Zip Code		4	
	Los Altos, CA 94022			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)	
physician		self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/29/2024				\$50.00
	Contributor address; City; State; Zip Code		•	
	Los Altos, CA 94022			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
physician		self		
- -				

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 112/252 Rpt: 115/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/17/2024	Jurvetson, Karla		\$25.00
	6 Contributor address; City; State; Zip Code		
	Los Altos, CA 94022		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)
physician		self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/17/2024	Jurvetson, Karla		\$7.50
	Contributor address; City; State; Zip Code		
	Los Altos, CA 94022		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
physician		self	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/29/2024	Jurvetson, Karla	, ,	\$50.00
	Contributor address; City; State; Zip Code		
	Los Altos, CA 94022		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
physician		self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/17/2024	Jurvetson, Karla		\$25.00
	Contributor address; City; State; Zip Code		
	Los Altos, CA 94022		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
physician		self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/17/2024	Jurvetson, Karla		\$7.50
	Contributor address; City; State; Zip Code		
	Los Altos, CA 94022		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
physician		self	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 113/252 Rpt: 116/260	
2 FILER NAME			3 Filer ID (Ethics Commission Filers))
	Blue - Texas		00087094	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
01/30/2024			\$10	0.00
	6 Contributor address; City; State; Zip Code			
	LAKEWAY, TX 78734			
8 Principal occu RETIRED	upation / Job title (See Instructions)	9 Employer (See Instructions RETIRED	;)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/30/2024	KILGORE, WILLIAM			2.00
	LAKEWAY, TX 78734			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ک)	
RETIRED		RETIRED	, ,	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
02/29/2024	KILGORE, WILLIAM			00.0
	Contributor address; City; State; Zip Code			
	LAKEWAY, TX 78734			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
RETIRED		RETIRED		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/29/2024	KILGORE, WILLIAM			2.00
	Contributor address; City; State; Zip Code			
	LAKEWAY, TX 78734			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
RETIRED		RETIRED		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/30/2024	KILGORE, WILLIAM		\$10	0.00
	Contributor address; City; State; Zip Code			
	LAKEWAY, TX 78734			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
RETIRED		RETIRED		

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 114/252 Rpt: 117/260	
2	FILER NAME			3	Filer ID (Ethics Commission I	Filers)
		Blue - Texas			00087094	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
į	03/30/2024	KILGORE, WILLIAM	!			\$2.00
		6 Contributor address; City; State; Zip Code		1		
	_	LAKEWAY, TX 78734				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	RETIRED		RETIRED			
<u> </u>	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	04/30/2024	KILGORE, WILLIAM	/			\$10.00
	04/30/2024					ΦT0.00
		Contributor address; City; State; Zip Code				
		LAKEWAY, TX 78734	1			
\vdash	D in single and					
	•	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	04/30/2024	KILGORE, WILLIAM				\$2.00
	-			1		
			,			
			!			
		LAKEWAY, TX 78734	,			
	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	د) 		
	RETIRED		RETIRED	5)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
1	05/30/2024	KILGORE, WILLIAM	,			\$10.00
		Contributor address; City; State; Zip Code		1		
			,			
			!			
		LAKEWAY, TX 78734	1			
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	RETIRED		RETIRED	.,		
				—	Amount of Contribution (\$)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 2.00
'	05/30/2024	KILGORE, WILLIAM	!			\$2.00
		Contributor address; City; State; Zip Code				
			,			
			,			
		LAKEWAY, TX 78734	!			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	RETIRED	· · ·	RETIRED			
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 115/252 Rpt: 118/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/02/2024 Kallick, Walter \$2.50 6 Contributor address; City; State; Zip Code San Antonio, TX 78255 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/02/2024 Kallick, Walter \$1.00 Contributor address; City; State; Zip Code San Antonio, TX 78255 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/02/2024 Kallick, Walter \$2.50 Contributor address; City; State; Zip Code San Antonio, TX 78255 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/02/2024 Kallick, Walter \$1.00 Contributor address; City; State; Zip Code San Antonio, TX 78255 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/02/2024 \$2.50 Kallick, Walter Contributor address; City; State; Zip Code San Antonio, TX 78255 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

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6 Contributor address; City; State; Zip Code Houston, TX 77018 Houston, TX 77018 8 Principal occupation / Job title (See Instructions) Construction 9 Employer (See Instructions) Kennedy A Plus Builders Date Full name of contributor out-of-state PAC (ID#;
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Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/03/2024 Kennedy, Shelley State PAC (ID#:) State PAC (ID#:)
Contributor address; City; State; Zip Code
Continuation address, City, State, Zip Code
Houston, TX 77018
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Construction Kennedy A Plus Builders
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
04/03/2024 Kennedy, Shelley
Contributor address; City; State; Zip Code
Houston, TX 77018
Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 119/252 Rpt: 122/260	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	Blue - Texas		00087094	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/03/2024			\$!	5.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77018			
	upation / Job title (See Instructions)	9 Employer (See Instructions)		
Construction	۱ 	Kennedy A Plus Builders	S	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/03/2024			\$:	51.50
	Contributor address; City; State; Zip Code			
l	Houston, TX 77018			
	upation / Job title (See Instructions)	Employer (See Instructions)		
Construction	1	Kennedy A Plus Builders	S	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/03/2024			\$!	5.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77018			
	upation / Job title (See Instructions)	Employer (See Instructions)		
Constructior	۱ 	Kennedy A Plus Builders	S	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/03/2024	5. 5		\$:	51.50
	Contributor address; City; State; Zip Code			
	Houston, TX 77018			
	upation / Job title (See Instructions)	Employer (See Instructions)		
Constructior	1	Kennedy A Plus Builders	s	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/01/2024	King, Mary Sue		\$2!	5.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78739			
	upation / Job title (See Instructions)	Employer (See Instructions))	
public schoo	librarian	retired		

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 120/252 Rpt: 123/260	
2	FILER NAME			3	Filer ID (Ethics Commission I	Filers)
-		Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/01/2024	King, Mary Sue				\$7.50
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78739				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	public schoo	ıl librarian	retired			
	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/01/2024	King, Mary Sue	/			\$25.00
	00/01/202					Ψ20.00
		Contributor address; City; State; Zip Code				
		Austin TV 70720				
	Drivelaat	Austin, TX 78739		ŕ		
		Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	public schoo	Il librarian	retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/01/2024	King, Mary Sue				\$7.50
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78739				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	public schoo	ıl librarian	retired			
	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/18/2024	Knutson, Melissa	/			\$5.00
	01,10,202.					Ψ0.00
		Contributor address; City; State; Zip Code				
		Washington DC, DC 20011				
	Dringing occu	-	Employer (See Instructions			
		Ipation / Job title (See Instructions)	Employer (See Instructions	3)		
		tion specialist	Self	<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/18/2024	Knutson, Melissa				\$1.50
		Contributor address; City; State; Zip Code		1		
		Washington DC, DC 20011				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		tion specialist	Self	,		
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2	FILER NAME			3	Filer ID (Ethics Commission Fi	lers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/18/2024	Knutson, Melissa				\$5.00
		6 Contributor address; City; State; Zip Code		1		
		Washington DC, DC 20011				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Communicat	tion specialist	Self	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/18/2024	Knutson, Melissa]		\$1.50
		Contributor address; City; State; Zip Code				
		Washington DC, DC 20011				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ار</u>		
		tion specialist	Self	5)		
╞	Date			1	Amount of Contribution (\$)	
	03/18/2024	Full name of contributor out-of-state PAC (ID#: Knutson, Melissa)		Amount of Contribution (\$)	\$5.00
	001101202	Contributor address; City; State; Zip Code		•		Ψ0.00
		Continuation address, City, State, Zip Code				
		Washington DC, DC 20011				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Communicat	tion specialist	Self			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/18/2024	Knutson, Melissa				\$1.50
		Contributor address; City; State; Zip Code		1		
		Westigates DO DO 20011				
\vdash	Dringing ago	Washington DC, DC 20011	Employer (Cool potructions	<u> </u>		
		pation / Job title (See Instructions) tion specialist	Employer (See Instructions Self	5)		
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	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀር ባበ
	01/30/2024	Kokowsky, Elisa				\$5.00
		Contributor address; City; State; Zip Code				
		The Woodlands, TX 77382				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Retired		None	,		
⊢						

			1 Total pages Schedule A1:
The Instru	ction Guide explains how to complete this	form.	Sch: 122/252 Rpt: 125/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/29/2024	D2/29/2024 Kokowsky, Elisa		\$5.00
	6 Contributor address; City; State; Zip Code		
	The Woodlands, TX 77382	-	
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		None	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
03/30/2024	Kokowsky, Elisa		\$5.00
	Contributor address; City; State; Zip Code		1
Di indene	The Woodlands, TX 77382		Į
-	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Retired		None	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/17/2024	Lampkin, Antoinette		\$2.50
	Contributor address; City; State; Zip Code		
	CONROE, TX 77301		
Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Disabled		N/A	»)
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
01/17/2024	Lampkin, Antoinette		\$1.00
	Contributor address; City; State; Zip Code		
	CONROE, TX 77301		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Disabled		N/A	''
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
02/17/2024	Lampkin, Antoinette	/	\$2.50
02,11,202	Contributor address; City; State; Zip Code		· · · · ·
	Continuation address, City, State, Zip Code		
	CONROE, TX 77301		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)
Disabled		N/A	,

		 For	1 Total pages Schedule A1:
	ction Guide explains how to complete this f	orm.	Sch: 123/252 Rpt: 126/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
02/17/2024	Lampkin, Antoinette		. \$1.00
	6 Contributor address; City; State; Zip Code		1
	CONROE, TX 77301		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)
Disabled		N/A	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/17/2024	Lampkin, Antoinette		\$2.50
	Contributor address; City; State; Zip Code		1
	CONROE, TX 77301		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Disabled		N/A	1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/17/2024	Lampkin, Antoinette		\$1.00
	Contributor address; City; State; Zip Code		
	CONROE, TX 77301		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Disabled		N/A	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/17/2024	Lampkin, Antoinette		\$2.50
	Contributor address; City; State; Zip Code		1
	CONROE, TX 77301		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	~\
Disabled		N/A	>)
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
04/17/2024	Full name of contributor out-of-state PAC (ID#: Lampkin, Antoinette	/	\$1.00
• • • • • • • • • • • • • • • • • • • •	Contributor address; City; State; Zip Code		•
	CONROE, TX 77301		
-	upation / Job title (See Instructions)	Employer (See Instructions	s)
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2 FILER NAME			3 Filer ID (Ethics Commission Fi	lers)
Every State B	lue - Texas		00087094	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/17/2024	Lampkin, Antoinette			\$2.50
	6 Contributor address; City; State; Zip Code			
	CONROE, TX 77301			
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Disabled		N/A		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/17/2024	Lampkin, Antoinette			\$1.00
	Contributor address; City; State; Zip Code			
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	Lampkin, Antoinette)	Amount of Contribution (\$)	\$2.50
Date)	Amount of Contribution (\$)	\$2.50
Date	Lampkin, Antoinette))	Amount of Contribution (\$)	\$2.50
Date	Lampkin, Antoinette Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$2.50
Date 06/17/2024	Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301			\$2.50
Date 06/17/2024	Lampkin, Antoinette Contributor address; City; State; Zip Code	Employer (See Instructions)		\$2.50
Date 06/17/2024 Principal occup Disabled	Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions)	Employer (See Instructions) N/A)	\$2.50
Date 06/17/2024 Principal occup Disabled Date	Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_	Employer (See Instructions) N/A		
Date 06/17/2024 Principal occup Disabled	Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Lampkin, Antoinette	Employer (See Instructions) N/A)	\$2.50
Date 06/17/2024 Principal occup Disabled Date	Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_	Employer (See Instructions) N/A)	
Date 06/17/2024 Principal occup Disabled Date	Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Lampkin, Antoinette	Employer (See Instructions) N/A)	
Date 06/17/2024 Principal occup Disabled Date	Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Lampkin, Antoinette	Employer (See Instructions) N/A)	
Date 06/17/2024 Principal occup Disabled Date 06/17/2024	Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Lampkin, Antoinette Contributor address; City; State; Zip Code	Employer (See Instructions) N/A) Amount of Contribution (\$)	
Date 06/17/2024 Principal occup Disabled Date 06/17/2024	Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301	Employer (See Instructions) N/A) Amount of Contribution (\$)	
Date 06/17/2024 Principal occup Disabled Date 06/17/2024 Principal occup	Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301	Employer (See Instructions) N/A) Employer (See Instructions) N/A) Amount of Contribution (\$)	
Date 06/17/2024 Principal occup Disabled Date 06/17/2024 Principal occup Disabled	Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions)	Employer (See Instructions) N/A) Employer (See Instructions) N/A) Amount of Contribution (\$)	
Date 06/17/2024 Principal occup Disabled Date 06/17/2024 Principal occup Disabled Disabled	Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:	Employer (See Instructions) N/A) Employer (See Instructions) N/A) Amount of Contribution (\$)	\$1.00
Date 06/17/2024 Principal occup Disabled Date 06/17/2024 Principal occup Disabled Disabled	Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor Dation / Job title (See Instructions) Full name of contributor Dation / Job title (See Instructions) Full name of contributor Dation / Job title (See Instructions)	Employer (See Instructions) N/A) Employer (See Instructions) N/A) Amount of Contribution (\$)	\$1.00
Date 06/17/2024 Principal occup Disabled Date 06/17/2024 Principal occup Disabled Disabled	Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor Dation / Job title (See Instructions) Full name of contributor Dation / Job title (See Instructions) Full name of contributor Dation / Job title (See Instructions)	Employer (See Instructions) N/A) Employer (See Instructions) N/A) Amount of Contribution (\$)	\$1.00
Date 06/17/2024 Principal occup Disabled Date 06/17/2024 Principal occup Disabled Disabled	Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor Dation / Job title (See Instructions) Full name of contributor Dation / Job title (See Instructions) Full name of contributor Dation / Job title (See Instructions)	Employer (See Instructions) N/A) Employer (See Instructions) N/A) Amount of Contribution (\$)	\$1.00
Date 06/17/2024 Principal occup Disabled Date 06/17/2024 Principal occup Disabled Disabled Date 01/08/2024	Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor Lampkin, Antoinette Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor Contributor address; City; State; Zip Code CONROE, TX 77301 Dation / Job title (See Instructions) Full name of contributor Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	Employer (See Instructions) N/A) Employer (See Instructions) N/A) Amount of Contribution (\$)) Amount of Contribution (\$)	\$1.00

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 125/252 Rpt: 128/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State E	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/08/2024	Lancaster, Guy		\$1.50
	6 Contributor address; City; State; Zip Code		•
	New York, NY 10012		
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
None		None	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/08/2024	Lancaster, Guy		\$5.00
	Contributor address; City; State; Zip Code		•
	New York, NY 10012		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	\$)
None		None	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/08/2024	Lancaster, Guy		\$1.50
	Contributor address; City; State; Zip Code		1
	New York, NY 10012		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)
None		None	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/08/2024	Lancaster, Guy		\$5.00
	Contributor address; City; State; Zip Code		1
	New York, NY 10012		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	\$)
None		None	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/08/2024	Lancaster, Guy		\$1.50
	Contributor address; City; State; Zip Code		1
	New York, NY 10012		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>
None		None	

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The Instrue	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 126/252 Rpt: 129/260	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
Every State	Blue - Texas		00087094	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/08/2024	Lancaster, Guy			\$5.00
	6 Contributor address; City; State; Zip Code			
	New York, NY 10012			
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
None		None		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/08/2024	Lancaster, Guy			\$1.50
	Contributor address; City; State; Zip Code			
Dringingloggy	New York, NY 10012		<u></u>	
Principal occu None	pation / Job title (See Instructions)	Employer (See Instructions) None)	
NONE		NUTE		
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)	
Date 05/08/2024	Lancaster, Guy)	Amount of Contribution (\$)	\$5.00
	Lancaster, Guy		Amount of Contribution (\$)	\$5.00
	Lancaster, Guy		Amount of Contribution (\$)	\$5.00
	Lancaster, Guy Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$5.00
05/08/2024	Lancaster, Guy Contributor address; City; State; Zip Code New York, NY 10012			\$5.00
05/08/2024	Lancaster, Guy Contributor address; City; State; Zip Code			\$5.00
05/08/2024 Principal occu None	Lancaster, Guy Contributor address; City; State; Zip Code New York, NY 10012 pation / Job title (See Instructions)	Employer (See Instructions) None)	\$5.00
05/08/2024 Principal occu None Date	Lancaster, Guy Contributor address; City; State; Zip Code New York, NY 10012 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions) None		
05/08/2024 Principal occu None	Lancaster, Guy Contributor address; City; State; Zip Code New York, NY 10012 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Lancaster, Guy	Employer (See Instructions) None)	\$5.00
05/08/2024 Principal occu None Date	Lancaster, Guy Contributor address; City; State; Zip Code New York, NY 10012 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions) None)	
05/08/2024 Principal occu None Date	Lancaster, Guy Contributor address; City; State; Zip Code New York, NY 10012 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Lancaster, Guy	Employer (See Instructions) None)	
05/08/2024 Principal occu None Date	Lancaster, Guy Contributor address; City; State; Zip Code New York, NY 10012 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Lancaster, Guy	Employer (See Instructions) None)	
05/08/2024 Principal occu None Date 05/08/2024	Lancaster, Guy Contributor address; City; State; Zip Code New York, NY 10012 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Lancaster, Guy Contributor address; City; State; Zip Code	Employer (See Instructions) None) Amount of Contribution (\$)	
05/08/2024 Principal occu None Date 05/08/2024	Lancaster, Guy Contributor address; City; State; Zip Code New York, NY 10012 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Lancaster, Guy Contributor address; City; State; Zip Code New York, NY 10012	Employer (See Instructions) None) Amount of Contribution (\$)	
05/08/2024 Principal occu None Date 05/08/2024 Principal occu	Lancaster, Guy Contributor address; City; State; Zip Code New York, NY 10012 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Lancaster, Guy Contributor address; City; State; Zip Code New York, NY 10012 pation / Job title (See Instructions)	Employer (See Instructions) None) Amount of Contribution (\$)	
05/08/2024 Principal occu None Date 05/08/2024 Principal occu None	Lancaster, Guy Contributor address; City; State; Zip Code New York, NY 10012 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Lancaster, Guy Contributor address; City; State; Zip Code New York, NY 10012 pation / Job title (See Instructions)	Employer (See Instructions) None) Amount of Contribution (\$)	
05/08/2024 Principal occu None Date 05/08/2024 Principal occu None Date	Lancaster, Guy Contributor address; City; State; Zip Code New York, NY 10012 pation / Job title (See Instructions) Full name of contributor	Employer (See Instructions) None) Amount of Contribution (\$)	\$1.50
05/08/2024 Principal occu None Date 05/08/2024 Principal occu None Date	Lancaster, Guy Contributor address; City; State; Zip Code New York, NY 10012 pation / Job title (See Instructions) Full name of contributor	Employer (See Instructions) None) Amount of Contribution (\$)	\$1.50
05/08/2024 Principal occu None Date 05/08/2024 Principal occu None Date	Lancaster, Guy Contributor address; City; State; Zip Code New York, NY 10012 pation / Job title (See Instructions) Full name of contributor	Employer (See Instructions) None) Amount of Contribution (\$)	\$1.50
05/08/2024 Principal occu None Date 05/08/2024 Principal occu None Date	Lancaster, Guy Contributor address; City; State; Zip Code New York, NY 10012 pation / Job title (See Instructions) Full name of contributor	Employer (See Instructions) None) Amount of Contribution (\$)	\$1.50
05/08/2024 Principal occu None Date 05/08/2024 Principal occu None Date 06/08/2024	Lancaster, Guy Contributor address; City; State; Zip Code New York, NY 10012 pation / Job title (See Instructions) Full name of contributor	Employer (See Instructions) None) Amount of Contribution (\$)) Amount of Contribution (\$)	\$1.50

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 127/252 Rpt: 130/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/08/2024	Lancaster, Guy		\$1.50
	6 Contributor address; City; State; Zip Code		1
	New York, NY 10012		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)
None		None	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/24/2024	Lima, Maria		\$2.50
	Contributor address; City; State; Zip Code		1
	San Antonio, TX 78232	-	
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/24/2024	Lima, Maria		\$1.00
	Contributor address; City; State; Zip Code]
	Car Antonia TV 70222		
Dringinglaggy	San Antonio, TX 78232		<u> </u>
Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	3)
			1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/24/2024	Lima, Maria		\$2.50
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78232		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Retired		Retired	,
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
02/24/2024			\$1.00
	Contributor address; City; State; Zip Code		1
	San Antonio, TX 78232		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired		Retired	
		<u> </u>	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 128/252 Rpt: 131/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
03/24/2024	Lima, Maria		\$2.50
	6 Contributor address; City; State; Zip Code		1
	San Antonio, TX 78232		
-	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/24/2024	Lima, Maria		\$1.00
	Contributor address; City; State; Zip Code		1
	San Antonio, TX 78232		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/24/2024	Lima, Maria		\$2.50
	Contributor address; City; State; Zip Code		1
	San Antonio, TX 78232	·	<u> </u>
-	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions	š)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/24/2024	Lima, Maria		\$1.00
	Contributor address; City; State; Zip Code]
	Can Antonia TV 70000		
Dringing ago	San Antonio, TX 78232	Employer (See Instructions	
Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/24/2024	Lima, Maria		\$2.50
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78232		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	~\
Retired		Retired	>)
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	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 129/252 Rpt: 132/260	
2	2 FILER NAME			3	Filer ID (Ethics Commission F	ilers)
	Every State	Blue - Texas			00087094	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	05/24/2024					\$1.00
		6 Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78232				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/22/2024	Litoff, AustinW				\$9.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75230				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Asset Manag	jer	West Rock Properties			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/22/2024	Litoff, AustinW				\$2.70
		Contributor address; City; State; Zip Code		1		
\vdash	Dringingl oppu	Dallas, TX 75230 pation / Job title (See Instructions)	Employer (See Instructions			
	Asset Manag		Employer (See Instructions West Rock Properties	5)		
╘				.		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 0.00
	02/22/2024	Litoff, AustinW				\$9.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75230				
┝	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
	Asset Manag	· · ·	West Rock Properties	<i>,</i>		
╞				Г	Amount of Contribution (¢)	
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: Litoff, AustinW)		Amount of Contribution (\$)	\$2.70
	0212212024					ΦΖ.ΙΟ
		Contributor address; City; State; Zip Code				
		Dallas, TX 75230				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 5)		
	Asset Manag	· · ·	West Rock Properties	,		
\vdash		, 	-			

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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 130/252 Rpt: 133/260	
2	FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
		Blue - Texas			00087094	-
4	Date	5 Full name of contributor out-of-state PAC (ID#	£)	7	Amount of Contribution (\$)	
	03/22/2024	Litoff, AustinW				\$9.00
	ł	6 Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Dallas, TX 75230				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Asset Manag	Jer	West Rock Properties			
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	03/22/2024	Litoff, AustinW				\$2.70
	ļ	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	1		
	ļ					
	ļ					
		Dallas, TX 75230				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Asset Manag	jer	West Rock Properties			
Γ	Date	Full name of contributor Out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	04/22/2024	Litoff, AustinW				\$9.00
	ļ	Contributor address; City; State; Zip Code	ļ	1		
	ļ					
		Dallas TV 75220				
	Bringinal occu	Dallas, TX 75230	Employer (See Instructions			
	Asset Manag	ipation / Job title (See Instructions) ner	Employer (See Instructions West Rock Properties	5)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#	·:)		Amount of Contribution (\$)	<u>ቀ</u> ጋ 70
	04/22/2024	Litoff, AustinW				\$2.70
	ļ	Contributor address; City; State; Zip Code				
	ļ					
		Dallas, TX 75230				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L s)		
	Asset Manag	,	West Rock Properties	-,		
⊨	Date	Full name of contributor out-of-state PAC (ID#			Amount of Contribution (\$)	
	05/22/2024	Litoff, AustinW	·/		Allount of Contribution (4)	\$9.00
	00,22,202	Contributor address; City; State; Zip Code	,			40.01
	ļ					
	ļ					
		Dallas, TX 75230				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Asset Manag	jer	West Rock Properties			
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 131/252 Rpt: 134/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date 05/22/2024	05/22/2024 Litoff, AustinW		7 Amount of Contribution (\$)\$2.70
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75230		
8 Principal occu Asset Manag	upation / Job title (See Instructions) ger	9 Employer (See Instructions West Rock Properties	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/11/2024	Ludwick, Al & Jean		\$2.00
	Contributor address; City; State; Zip Code		
	GRANBURY, TX 76049		
-	upation / Job title (See Instructions)	Employer (See Instructions	
Pharmacist		Pecan Drug	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/11/2024	Ludwick, Al & Jean		\$1.00
	CONTRIBUTION TO 26040		
Dringing occu	GRANBURY, TX 76049	Employer (Soo Instructions	
Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions Pecan Drug	·)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/11/2024	Ludwick, Al & Jean		\$2.00
	Contributor address; City; State; Zip Code		
	GRANBURY, TX 76049		
Principal occu Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions Pecan Drug	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/11/2024	Ludwick, Al & Jean		\$1.00
	Contributor address; City; State; Zip Code		
	GRANBURY, TX 76049		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Pharmacist		Pecan Drug	
		<u>.</u>	

			1 Total pages Schedule A1:
The Instruc	ction Guide explains how to complete this f	iorm.	Sch: 132/252 Rpt: 135/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
03/11/2024	Ludwick, Al & Jean		\$2.0
	6 Contributor address; City; State; Zip Code		
	GRANBURY, TX 76049		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ;)
Pharmacist		Pecan Drug	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/11/2024	Ludwick, Al & Jean		\$1.0
	Contributor address; City; State; Zip Code		
Dringing Loogu	GRANBURY, TX 76049		<u>`</u>
Principal occu Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions Pecan Drug	<i>i</i>)
Date 04/11/2024	Full name of contributor out-of-state PAC (ID#: Ludwick, AI & Jean)	Amount of Contribution (\$) \$2.0
0411112024			ψ2.0
	Contributor address; City; State; Zip Code		
	GRANBURY, TX 76049		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Pharmacist		Pecan Drug	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/11/2024	Ludwick, Al & Jean		\$1.0
	Contributor address; City; State; Zip Code		
	GRANBURY, TX 76049		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L
Pharmacist		Pecan Drug	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/11/2024	Ludwick, Al & Jean		\$2.0
	Contributor address; City; State; Zip Code		
	GRANBURY, TX 76049		
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Pharmacist		Pecan Drug	
1			

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 133/252 Rpt: 136/260	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
Every State E	3lue - Texas		00087094	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/11/2024	Ludwick, Al & Jean			\$1.00
ľ	6 Contributor address; City; State; Zip Code			
	GRANBURY, TX 76049			
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Pharmacist		Pecan Drug		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/11/2024	Ludwick, Al & Jean			\$2.00
	Contributor address; City; State; Zip Code			
	GRANBURY, TX 76049	<u> </u>		
	pation / Job title (See Instructions)	Employer (See Instructions))	
Pharmacist		Pecan Drug		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/11/2024	Ludwick, Al & Jean			\$1.00
	Contributor address; City; State; Zip Code			
	GRANBURY, TX 76049			
Principal occup		Employor (Soo instructions))	
	pation / Job title (See Instructions)	Employer (See Instructions)		
Pharmacist		Pecan Drug		
Pharmacist Date	Full name of contributor out-of-state PAC (ID#:	Pecan Drug	Amount of Contribution (\$)	
Pharmacist	Full name of contributor out-of-state PAC (ID#:	Pecan Drug	Amount of Contribution (\$)	\$5.00
Pharmacist Date	Full name of contributor out-of-state PAC (ID#:	Pecan Drug	Amount of Contribution (\$)	\$5.00
Pharmacist Date	Full name of contributor out-of-state PAC (ID#:	Pecan Drug	Amount of Contribution (\$)	\$5.00
Pharmacist Date	Full name of contributor out-of-state PAC (ID#: MacDougal, Vanessa Contributor address; City; State; Zip Code	Pecan Drug	Amount of Contribution (\$)	\$5.00
Pharmacist Date 01/21/2024	Full name of contributor out-of-state PAC (ID#: MacDougal, Vanessa Contributor address; City; State; Zip Code Austin, TX 78757	Pecan Drug		\$5.00
Pharmacist Date 01/21/2024 Principal occur	Full name of contributorout-of-state PAC (ID#:_ MacDougal, Vanessa Contributor address; City; State; Zip Code Austin, TX 78757 pation / Job title (See Instructions)	Pecan Drug		\$5.00
Pharmacist Date 01/21/2024 Principal occup lead software	Full name of contributor out-of-state PAC (ID#:_ MacDougal, Vanessa Contributor address; City; State; Zip Code Austin, TX 78757 pation / Job title (See Instructions) e engineer	Pecan Drug))	\$5.00
Pharmacist Date 01/21/2024 Principal occup lead software Date	Full name of contributor out-of-state PAC (ID#: MacDougal, Vanessa Contributor address; City; State; Zip Code Austin, TX 78757 pation / Job title (See Instructions) e engineer out-of-state PAC (ID#: Full name of contributor out-of-state PAC (ID#:	Pecan Drug) 		
Pharmacist Date 01/21/2024 Principal occup lead software	Full name of contributor out-of-state PAC (ID#:. MacDougal, Vanessa Contributor address; City; State; Zip Code Austin, TX 78757 Pation / Job title (See Instructions) e engineer out-of-state PAC (ID#:. Full name of contributor out-of-state PAC (ID#:. MacDougal, Vanessa Out-of-state PAC (ID#:.	Pecan Drug))	\$5.00
Pharmacist Date 01/21/2024 Principal occup lead software Date	Full name of contributor out-of-state PAC (ID#: MacDougal, Vanessa Contributor address; City; State; Zip Code Austin, TX 78757 pation / Job title (See Instructions) e engineer out-of-state PAC (ID#: Full name of contributor out-of-state PAC (ID#:	Pecan Drug))	
Pharmacist Date 01/21/2024 Principal occup lead software Date	Full name of contributor out-of-state PAC (ID#:. MacDougal, Vanessa Contributor address; City; State; Zip Code Austin, TX 78757 Pation / Job title (See Instructions) e engineer out-of-state PAC (ID#:. Full name of contributor out-of-state PAC (ID#:. MacDougal, Vanessa Out-of-state PAC (ID#:.	Pecan Drug))	
Pharmacist Date 01/21/2024 Principal occup lead software Date	Full name of contributor out-of-state PAC (ID#:. MacDougal, Vanessa Contributor address; City; State; Zip Code Austin, TX 78757 Austin, TX 78757 pation / Job title (See Instructions) engineer Full name of contributor out-of-state PAC (ID#:. MacDougal, Vanessa Contributor address; City; State; Zip Code	Pecan Drug))	
Pharmacist Date 01/21/2024 Principal occur lead software Date 01/21/2024	Full name of contributor out-of-state PAC (ID#: MacDougal, Vanessa Contributor address; City; State; Zip Code Austin, TX 78757 pation / Job title (See Instructions) e engineer out-of-state PAC (ID#: Full name of contributor out-of-state PAC (ID#: MacDougal, Vanessa Contributor address; City; State; Zip Code Austin, TX 78757 Austin, TX 78757	Pecan Drug) Amount of Contribution (\$)	
Pharmacist Date 01/21/2024 Principal occur lead software Date 01/21/2024	Full name of contributor out-of-state PAC (ID#: MacDougal, Vanessa Contributor address; City; State; Zip Code Austin, TX 78757 pation / Job title (See Instructions) e engineer out-of-state PAC (ID#: Full name of contributor out-of-state PAC (ID#: MacDougal, Vanessa contributor address; City; State; Zip Code Austin, TX 78757 pation / Job title (See Instructions)	Pecan Drug)) Amount of Contribution (\$)	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 134/252 Rpt: 137/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/21/2024	MacDougal, Vanessa		\$5.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78757		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
lead softwar	e engineer	Rapid7	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/21/2024	MacDougal, Vanessa		\$1.50
	Austin, TX 78757		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
lead softwar		Rapid7	''
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/21/2024	MacDougal, Vanessa		\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78757		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
lead softwar	e engineer	Rapid7	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/21/2024	MacDougal, Vanessa	/	\$1.50
00/21/2027	-		· · · · · · · · · · · · · · · · · · ·
	Contributor address; City; State; Zip Code		
	Austin, TX 78757		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
lead softwar		Rapid7	»)
	-	Καμία	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/21/2024	MacDougal, Vanessa		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78757		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	۲ ۵)
lead softwar		Rapid7	,

The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 135/252 Rpt: 138/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
04/21/2024	MacDougal, Vanessa		\$1.5
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78757		
	upation / Job title (See Instructions)	9 Employer (See Instructions)	·)
lead softwar	e engineer	Rapid7	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/21/2024	MacDougal, Vanessa		\$5.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78757		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)
lead softwar	e engineer	Rapid7	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/21/2024	MacDougal, Vanessa		\$1.5
	Contributor address; City; State; Zip Code		
	Austin, TX 78757		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)
lead softwar	e engineer	Rapid7	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/30/2024	Magee, Lisa		\$5.0
	Contributor address; City; State; Zip Code		
	The Colony, TX 75056		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	() ()
CPA		USDG	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/30/2024	Magee, Lisa		\$1.0
	Contributor address; City; State; Zip Code		
	The Colony, TX 75056		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
CPA		USDG	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 136/252 Rpt: 139/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/29/2024 Magee, Lisa \$5.00 6 Contributor address; City; State; Zip Code The Colony, TX 75056 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) USDG CPA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/29/2024 Magee, Lisa \$1.00 Contributor address; City; State; Zip Code The Colony, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) USDG CPA Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/30/2024 Magee, Lisa \$5.00 Contributor address; City; State; Zip Code The Colony, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA USDG Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/30/2024 Magee, Lisa \$1.00 Contributor address; City; State; Zip Code The Colony, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) USDG CPA Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/30/2024 \$5.00 Magee, Lisa Contributor address; City; State; Zip Code The Colony, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA USDG

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 137/252 Rpt: 140/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/30/2024 Magee, Lisa \$1.00 6 Contributor address; City; State; Zip Code The Colony, TX 75056 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CPA USDG Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/30/2024 Magee, Lisa \$5.00 Contributor address; City; State; Zip Code The Colony, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) USDG CPA Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/30/2024 Magee, Lisa \$1.00 Contributor address; City; State; Zip Code The Colony, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA USDG Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/29/2024 Marak, Deborah \$1.00 Contributor address; City; State; Zip Code Arlington Heights, IL 60004 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/29/2024 \$1.00 Marak, Deborah Contributor address; City; State; Zip Code Arlington Heights, IL 60004 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 138/252 Rpt: 141/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/29/2024	Marak, Deborah		\$1.00
	6 Contributor address; City; State; Zip Code		
	Arlington Heights, IL 60004		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/29/2024	Marak, Deborah		\$1.00
	Contributor address; City; State; Zip Code		1
	Arlington Heights, IL 60004		
	pation / Job title (See Instructions)	Employer (See Instructions	;)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/13/2024	Meador, Marston		\$25.00
	Contributor address; City; State; Zip Code		
	Carrollton, TX 75007		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Retired		Retired	<i>י</i> ן
			Amount of Contribution (ft)
Date 05/13/2024	Full name of contributor out-of-state PAC (ID#: Meador, Marston)	Amount of Contribution (\$) \$25.00
03/13/2024			\$23.00
	Contributor address; City; State; Zip Code		
	Carrollton, TX 75007		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)
Retired		Retired	,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/13/2024	Meador, Marston		\$25.00
	Contributor address; City; State; Zip Code		
	Carrollton, TX 75007		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 139/252 Rpt: 142/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7 Amount of Contribution (\$)
01/08/2024	Merritt, Marlene		\$20.
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78751		
-	ipation / Job title (See Instructions)	9 Employer (See Instruction	ons)
retired	·	retired	
Date		AC (ID#:)	Amount of Contribution (\$)
01/08/2024			\$5.'
	Contributor address; City; State; Zip Code		
	Austin, TX 78751		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
retired		retired	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date	Full name of contributor Out-of-state PA		Amount of Contribution (\$)
01/15/2024	Full name of contributor out-of-state PA	AC (ID#)	\$10.
01,10,202.	Contributor address; City; State; Zip Code		
	Continuator address, City, State, Zip Code		
	Austin, TX 78751		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
retired		retired	
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
01/15/2024	Merritt, Marlene		\$1.
	Contributor address; City; State; Zip Code		····]
Driv single age	Austin, TX 78751		
Principal occu retired	ipation / Job title (See Instructions)	Employer (See Instruction retired	ons)
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
02/08/2024	Merritt, Marlene		
	Contributor address; City; State; Zip Code		
	Austin, TX 78751		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	
retired		retired	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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The Instru	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 140/252 Rpt: 143/260	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	Blue - Texas		00087094	
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of Contribution (\$)	
02/08/2024	Merritt, Marlene		\$	5.00
	6 Contributor address; City; State; Zip Code		1	
	Austin, TX 78751			
8 Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
retired		retired	,	
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
02/15/2024	Merritt, Marlene			.0.00
			•	
	Austin, TX 78751			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
retired		retired		
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
02/15/2024	Merritt, Marlene			51.50
	Contributor address; City; State; Zip Code		•	
	Austin, TX 78751			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
retired		retired		
Date	Full name of contributor Out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
03/08/2024	Merritt, Marlene			20.00
	Contributor address; City; State; Zip Code		•	
	Austin, TX 78751			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
retired		retired		
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
03/08/2024	Merritt, Marlene		\$	5.00
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78751			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
retired		retired		

Every State Blue - Texas 00087094				
Every State Blue - Texas 00087094 4 Date 5 Full name of contribution	The Instruction Guide explains how to complete this form.			
Every State Blue - Texas 00087094 4 Date 5 Full name of contribution	2 FILER NAME		·	
03/15/2024 Merritt, Martene \$10.00 6 Contributor address; City; State; Zip Code Austin, TX 78751 7 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) retired Date Outributor address; City; State; Zip Code Amount of Contribution (\$) \$1.50 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) Date Outributor address; City; State; Zip Code Amount of Contribution (\$) \$20.00 Date Contributor address; City; State; Zip Code Amount of Contribution (\$) \$20.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$20.00 Od/08/2024 Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) \$20.00 Od/08/2024 Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) \$5.00 Od/08/2024 Full name of contributor out-of-state PAC (D#) Employer (See Instructions) retired \$5.00				
03/15/2024 Merritt, Martene \$10.00 6 Contributor address; City; State; Zip Code Austin, TX 78751 7 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) retired Date Outributor address; City; State; Zip Code Amount of Contribution (\$) \$1.50 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) Date Outributor address; City; State; Zip Code Amount of Contribution (\$) \$20.00 Date Contributor address; City; State; Zip Code Amount of Contribution (\$) \$20.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$20.00 Od/08/2024 Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) \$20.00 Od/08/2024 Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) \$5.00 Od/08/2024 Full name of contributor out-of-state PAC (D#) Employer (See Instructions) retired \$5.00	4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
Austin, TX 78751 Principal occupation / Job title (See Instructions) retired P Employer (See Instructions) retired Date 03/15/2024 Full name of contributor address; City; State: Zip Code Austin, TX 78751 Amount of Contribution (\$) \$1.50 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Date 04/08/2024 Full name of contributor address; City; State: Zip Code Contributor address; City; State: Zip Code Amount of Contribution (\$) \$20.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$20.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$20.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$20.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$5.00 Date 04/08/2024 Full name of contributor address; City; State: Zip Code Austin, TX 78751 Employer (See Instructions) retired Amount of Contribution (\$) \$10.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$10.00 Principal occupation / Job title (See Instructions) retired Employer (03/15/2024			
Austin, TX 78751 Principal occupation / Job title (See Instructions) retired P Employer (See Instructions) retired Date 03/15/2024 Full name of contributor address; City; State: Zip Code Austin, TX 78751 Amount of Contribution (\$) \$1.50 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Date 04/08/2024 Full name of contributor address; City; State: Zip Code Contributor address; City; State: Zip Code Amount of Contribution (\$) \$20.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$20.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$20.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$20.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$5.00 Date 04/08/2024 Full name of contributor address; City; State: Zip Code Austin, TX 78751 Employer (See Instructions) retired Amount of Contribution (\$) \$10.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$10.00 Principal occupation / Job title (See Instructions) retired Employer (6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) retired Date 03/15/2024 Full name of contributor Merritt, Marlene Contributor address; City; State; Zip Code Amount of Contribution (\$) \$1.50 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$2.00 Principal occupation / Job title (See Instructions) retired Full name of contributor contributor address; City; State; Zip Code Amount of Contribution (\$) \$20.00 Date 04/08/2024 Full name of contributor Contributor address; City; State; Zip Code Amount of Contribution (\$) \$20.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$20.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$20.00 Date 04/08/2024 Full name of contributor Contributor address; City; State; Zip Code Austin, TX 78751 Amount of Contribution (\$) \$5.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$10.00 04/15/2024 Full name of contributor Austin, TX 78751 Employer (See Instructions) retired Amo				
8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) retired Date 03/15/2024 Full name of contributor Merritt, Marlene Contributor address; City; State; Zip Code Amount of Contribution (\$) \$1.50 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$2.00 Principal occupation / Job title (See Instructions) retired Full name of contributor contributor address; City; State; Zip Code Amount of Contribution (\$) \$20.00 Date 04/08/2024 Full name of contributor Contributor address; City; State; Zip Code Amount of Contribution (\$) \$20.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$20.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$20.00 Date 04/08/2024 Full name of contributor Contributor address; City; State; Zip Code Austin, TX 78751 Amount of Contribution (\$) \$5.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$10.00 04/15/2024 Full name of contributor Austin, TX 78751 Employer (See Instructions) retired Amo				
retired retired Date Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 03/15/2024 Merritt, Marlene \$1.50 Contributor address; City: State; Zip Code Full name of contributor address; City: State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 04/08/2024 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$20.00 retired Contributor address; City: State; Zip Code Amount of Contribution (\$) \$20.00 O4/08/2024 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) \$20.00 O4/08/2024 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) \$5.00 O4/08/2024 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) \$5.00 O4/08/2024 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) \$10.00		Austin, TX 78751		
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	Principal occu		Employer (See Instructions	<u> </u> \$)
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The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 142/252 Rpt: 145/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
04/15/2024	,		\$1
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78751		<u> </u>
8 Principal occu retired	upation / Job title (See Instructions)	9 Employer (See Instructions retired	\$)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/08/2024			\$20
	Contributor address; City; State; Zip Code		
	Austin, TX 78751		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired		retired	,
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
05/08/2024			\$5
	Contributor address; City; State; Zip Code		
	Austin, TX 78751		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/15/2024	Merritt, Marlene		\$10
	Contributor address; City; State; Zip Code		
	Austin, TX 78751		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired	· · · · · · · · · · · · · · · · · · ·	retired	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
05/15/2024		/	\$1
	Contributor address; City; State; Zip Code		•
	Austin, TX 78751		
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)
retired		retired	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 143/252 Rpt: 146/260	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/08/2024	Merritt, Marlene				\$20.00
		6 Contributor address; City; State; Zip Code		1		
Ļ		Austin, TX 78751		Ĺ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	retired		retired	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	t= 00
	06/08/2024	Merritt, Marlene				\$5.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78751				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired	5)		
⊨		Full name of contributor Out-of-state PAC (ID#:		<u> </u>	Amount of Contribution (\$)	
	Date 06/15/2024	Full name of contributor out-of-state PAC (ID#: Merritt, Marlene)		Amount of Contribution (\$)	\$10.00
	00/13/2024					\$10.00
	Contributor address; City; State; Zip Code					
		Austin, TX 78751				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	06/15/2024	Merritt, Marlene				\$1.50
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78751				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	01/03/2024	Millard, Ann				\$5.00
		Contributor address; City; State; Zip Code		1		
		Edinburg, TX 78539				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
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The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 144/252 Rpt: 147/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/03/2024	Millard, Ann		\$1.50
	6 Contributor address; City; State; Zip Code		4
	Edinburg, TX 78539		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/03/2024	Millard, Ann		\$5.00
	Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/03/2024	Millard, Ann		\$1.50
	Contributor address; City; State; Zip Code		1
	Edinburg, TX 78539		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/03/2024	Millard, Ann		\$5.00
	Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
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	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 03/03/2024	Full name of contributor out-of-state PAC (ID#: Millard, Ann)	Amount of Contribution (\$) \$1.50
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	Contributor address; City, State, Zip Code		
	Edinburg, TX 78539		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
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The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 145/252 Rpt: 148/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
04/03/2024	Millard, Ann		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Edinburg, TX 78539		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/03/2024	Millard, Ann		\$1.50
	Contributor address; City; State; Zip Code		
	Ediahura TV 70520		
Dringing ogg	Edinburg, TX 78539	Employer (Cool Instructions	
Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	3)
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Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/03/2024			\$5.00
	Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	e)
Retired		Retired	<i>3)</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/03/2024	Full name of contributor out-of-state PAC (ID#: Millard, Ann	/	\$1.50
00/00/2024	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Edinburg, TX 78539		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
01/30/2024	Miller, Cyral		\$1.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78756		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Special Ed c	onsultant	TSBVI	
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2 FILER NAME				3	Filer ID (Ethics Commission F	-ilers)
	Blue - Texas				00087094	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
01/30/2024	Miller, Cyral					\$1.00
	6 Contributor address; City; Si	tate; Zip Code		1		
	Austin, TX 78756					
•	pation / Job title (See Instructions	3)	9 Employer (See Instructions	5)		
Special Ed c	consultant		TSBVI			
Date	Full name of contributor	out-of-state PAC (ID#:_)	Ī	Amount of Contribution (\$)	
02/29/2024	Miller, Cyral					\$1.50
	Contributor address; City; Si			1		
	Austin, TX 78756					
•	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
Special Ed c	consultant		TSBVI			
Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
02/29/2024	Miller, Cyral					\$1.00
	Contributor address; City; Si			1		
	Austin, TX 78756					
	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
Special Ed c	onsultant		TSBVI			
Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
03/30/2024	Miller, Cyral					\$1.50
	Contributor address; City; Si	tate; Zip Code		1		
	Austin, TX 78756					
-	pation / Job title (See Instructions	5)	Employer (See Instructions	S)		
Special Ed c	onsultant		TSBVI			
Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
03/30/2024	Miller, Cyral					\$1.00
	Contributor address; City; St]		
	Austin, TX 78756					
	ipation / Job title (See Instructions	5)	Employer (See Instructions	5)		
Special Ed c	onsultant		TSBVI			

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 147/252 Rpt: 150/260	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	;)
Every State E	Blue - Texas		00087094	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/30/2024	Miller, Cyral		\$1	1.50
ĺ	6 Contributor address; City; State; Zip Code			
	Austin, TX 78756			
	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
Special Ed co		TSBVI		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/30/2024	Miller, Cyral		\$1	1.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78756			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Special Ed co		TSBVI		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2024	Miller, Cyral		\$1	1.50
	Contributor address; City; State; Zip Code			
	Auntin TV 70766			
Dringing oggu	Austin, TX 78756	Employer (See Instructions		
Special Ed co	pation / Job title (See Instructions)	Employer (See Instructions TSBVI	;)	
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Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	1 00
05/30/2024	Miller, Cyral		لخ	1.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78756			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Special Ed co		TSBVI	') '	
Date			Amount of Contribution (\$)	
01/08/2024	Full name of contributor out-of-state PAC (ID#: Miller Brenner, Karen)		5.00
01/00/2024			Ψ	5.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)	
Analyst		Retired	''	
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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 148/252 Rpt: 151/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/08/2024	Miller Brenner, Karen		\$7.50
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78731	·	
-	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Analyst		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/08/2024	Miller Brenner, Karen		\$25.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78731		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Analyst		Retired	·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/08/2024	Miller Brenner, Karen		\$7.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78731		
Bringinal occu	upation / Job title (See Instructions)	Employer (See Instructions	~\
Analyst		Retired	>)
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03/06/2024	Miller Brenner, Karen		ψ23.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78731		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Analyst		Retired	,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
03/08/2024	Miller Brenner, Karen		\$7.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78731		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Analyst		Retired	

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The Instrue	ction Guide explains how to complete this f	iorm.		ages Schedule A1: 50/252 Rpt: 153/260	
2 FILER NAME			3 Filer ID	(Ethics Commission	Filers)
Every State	Blue - Texas		00087		
4 Date 01/30/2024	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount	t of Contribution (\$)	\$1.50
	 6 Contributor address; City; State; Zip Code Commerce, TX 75428 				
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
Retired educ	cator	None			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amoun	t of Contribution (\$)	
02/29/2024	Mills, Anne				\$5.00
	Contributor address; City; State; Zip Code				
	Commerce, TX 75428				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
Retired educ		None			
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amoun	t of Contribution (\$)	
02/29/2024	Mills, Anne	/	•		\$1.50
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	Contributor address, City, State, Zip Code				
	Commerce, TX 75428				
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)		
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Date	Full name of contributorout-of-state PAC (ID#:)	Amoun	t of Contribution (\$)	
03/30/2024	Mills, Anne	/	Amoun		\$5.00
00/00/2024					ψ0.00
	Contributor address; City; State; Zip Code				
	Commerce, TX 75428				
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)		
Retired educ		None	r		
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amoun	t of Contribution (\$)	
03/30/2024	Mills, Anne	/	/		\$1.50
	Contributor address; City; State; Zip Code				
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	Commerce, TX 75428				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
Retired educ		None	,		

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2	FILER NAME	AME		3	Filer ID (Ethics Commission F	-ilers)
	Every State	Blue - Texas		1	00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/30/2024	Mills, Anne				\$5.00
	1	6 Contributor address; City; State; Zip Code		·		
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		Commerce, TX 75428				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Retired educ	cator	None			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	04/30/2024	Mills, Anne				\$1.50
	I	Contributor address; City; State; Zip Code		1		
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		Commerce, TX 75428				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired educ	ator	None			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	05/30/2024	Mills, Anne				\$5.00
	I	Contributor address; City; State; Zip Code		1		
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		Commerce, TX 75428	<u> </u>	Ļ		
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	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2024	Mills, Anne				\$1.50
	I	Contributor address; City; State; Zip Code				
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╞				T	Amount of Contribution (ft)	
	Date 01/17/2024	Full name of contributor out-of-state PAC (ID#: Mittelstet, Sandra)		Amount of Contribution (\$)	\$5.00
	U1/1//2024					Φ0.00
	I	Contributor address; City; State; Zip Code				
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	I	Flower Mound, TX 75028				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
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The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 152/252 Rpt: 155/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/17/2024	Mittelstet, Sandra		\$1.50
	6 Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
	pation / Job title (See Instructions)	9 Employer (See Instructions)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/17/2024	Mittelstet, Sandra		\$5.00
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
	pation / Job title (See Instructions)	Employer (See Instructions)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/17/2024	Mittelstet, Sandra		\$1.50
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	N N
Retired		Retired)
Date 03/17/2024	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$5.00
U3/1//2U24	Mittelstet, Sandra		φ ο.υυ
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Retired	,	Retired	,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/17/2024	Mittelstet, Sandra		\$1.50
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions)
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The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 153/252 Rpt: 156/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State I			00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/17/2024	Mittelstet, Sandra		\$5.00
	6 Contributor address; City; State; Zip Code		1
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	Flower Mound, TX 75028		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/17/2024	Mittelstet, Sandra		\$1.50
	Contributor address; City; State; Zip Code	1	1
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	Flower Mound, TX 75028		
	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/17/2024	Mittelstet, Sandra		\$5.00
l l	Contributor address; City; State; Zip Code	1	1
	Flower Mound, TX 75028	<u> </u>	
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/17/2024	Mittelstet, Sandra		\$1.50
1	Contributor address; City; State; Zip Code		
1			
1	Flower Mound, TX 75028		
Bringinal occu		Employor (Soo Instructions	~\
Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	3)
		<u> </u>	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/17/2024	Mittelstet, Sandra		\$5.00
1	Contributor address; City; State; Zip Code		
1			
1	Flower Mound, TX 75028		
Bringinal occu		Employer (See Instructions	~\
Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	\$)
Retired		- Neureu	
1			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 154/252 Rpt: 157/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State I	Blue - Texas		00087094
4 Date 06/17/2024	 5 Full name of contributor out-of-state PAC (ID#: Mittelstet, Sandra 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$)\$1.5
	Flower Mound, TX 75028		
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions) Retired	
Date 01/10/2024	Full name of contributor out-of-state PAC (ID#: Moore, Bonnie Contributor address; City; State; Zip Code Trophy Club, TX 76262)	Amount of Contribution (\$) \$7.5
Principal occu Business ow	pation / Job title (See Instructions)	Employer (See Instructions) Self employed	
Date 01/10/2024	Full name of contributor out-of-state PAC (ID#: Moore, Bonnie Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$2.2
	Trophy Club, TX 76262 pation / Job title (See Instructions)	Employer (See Instructions)	
Business ow	ner	Self employed	
Date 01/15/2024	Full name of contributor out-of-state PAC (ID#: Moore, Bonnie Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$5.0
Dringingl oppu	Trophy Club, TX 76262		
Voting rights	pation / Job title (See Instructions) activist	Employer (See Instructions) Retired	
			Amount of Contribution (\$)
Date 01/15/2024	Full name of contributor out-of-state PAC (ID#: Moore, Bonnie Contributor address; City; State; Zip Code Trophy Club, TX 76262		\$1.0

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 155/252 Rpt: 158/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/10/2024 Moore, Bonnie \$7.50 6 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Business owner** Self employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/10/2024 \$2.25 Moore, Bonnie Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business owner** Self employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/15/2024 Moore, Bonnie \$5.00 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Voting rights activist Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/15/2024 Moore, Bonnie \$1.00 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Voting rights activist Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/10/2024 \$7.50 Moore, Bonnie Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business owner** Self employed

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 156/252 Rpt: 159/260	
2	FILER NAME			3	Filer ID (Ethics Commission Fi	lers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#	ŧ:)	7	Amount of Contribution (\$)	
	03/10/2024	Moore, Bonnie				\$2.25
		6 Contributor address; City; State; Zip Code		1		
		Trophy Club, TX 76262				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Business ow	ner	Self employed			
	Date	Full name of contributor 🛛 out-of-state PAC (ID#	±)	Γ	Amount of Contribution (\$)	
	03/15/2024	Moore, Bonnie				\$5.00
		Contributor address; City; State; Zip Code		1		
		Trophy Club, TX 76262				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Voting rights	activist	Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	03/15/2024	Moore, Bonnie				\$1.00
		Contributor address; City; State; Zip Code				
		Trophy Club, TX 76262				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Voting rights	activist	Retired			
	Date	Full name of contributor 🛛 out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	04/10/2024	Moore, Bonnie				\$7.50
		Contributor address; City; State; Zip Code		1		
		Trophy Club, TX 76262				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Business ow	ner	Self employed			
F	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	04/10/2024	Moore, Bonnie				\$2.25
		Contributor address; City; State; Zip Code		1		
		Trophy Club, TX 76262				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Business ow	ner	Self employed			
			•			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 157/252 Rpt: 160/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/15/2024 Moore, Bonnie \$5.00 6 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) Voting rights activist Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/15/2024 Moore, Bonnie \$1.00 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Voting rights activist Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/10/2024 Moore, Bonnie \$7.50 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Business owner Self employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/10/2024 \$2.25 Moore, Bonnie Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business owner** Self employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/15/2024 \$5.00 Moore, Bonnie Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Voting rights activist Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 158/252 Rpt: 161/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/15/2024 Moore, Bonnie \$1.00 6 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) Voting rights activist Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/10/2024 \$7.50 Moore, Bonnie Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business owner** Self employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/10/2024 Moore, Bonnie \$2.25 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Business owner Self employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/15/2024 \$5.00 Moore, Bonnie Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Voting rights activist Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/15/2024 Moore, Bonnie \$1.00 Contributor address; City; State; Zip Code Trophy Club, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Voting rights activist Retired

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 159/252 Rpt: 162/260	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Every State I	Blue - Texas			00087094	ŕ
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/08/2024	O Neill, Sarah				\$50.00
	ļ	6 Contributor address; City; State; Zip Code		1		
	ļ					
		New York, NY 10011				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	N/A		N/A			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	01/08/2024	O Neill, Sarah				\$15.00
		Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		New York, NY 10011				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	N/A		N/A			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ţ	Amount of Contribution (\$)	
	02/08/2024	O Neill, Sarah				\$50.00
	ļ	Contributor address; City; State; Zip Code]		
	ļ					
		New York, NY 10011				
	Dringingl oog	New York, NY 10011		<u> </u>		
	N/A	ipation / Job title (See Instructions)	Employer (See Instructions N/A	5)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	¢1 ⊑ 00
	02/08/2024	O Neill, Sarah				\$15.00
	ł	Contributor address; City; State; Zip Code				
	ł					
	ł	New York, NY 10011				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	N/A		N/A	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:_		Г	Amount of Contribution (\$)	
	03/08/2024	O Neill, Sarah	/			\$50.00
	00,00,202.	Contributor address; City; State; Zip Code		ł		400.00
		Contributor address, City, State, Zip Code				
	ļ	New York, NY 10011				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	N/A		N/A			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 160/252 Rpt: 163/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/08/2024 O Neill, Sarah \$15.00 6 Contributor address; City; State; Zip Code New York, NY 10011 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) N/A N/A Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/08/2024 \$50.00 O Neill, Sarah Contributor address; City; State; Zip Code New York, NY 10011 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A N/A Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/08/2024 O Neill, Sarah \$15.00 Contributor address; City; State; Zip Code New York, NY 10011 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A N/A Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/08/2024 \$50.00 O Neill, Sarah Contributor address; City; State; Zip Code New York, NY 10011 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A N/A Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/08/2024 \$15.00 O Neill, Sarah Contributor address; City; State; Zip Code New York, NY 10011 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A N/A

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 161/252 Rpt: 164/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/08/2024 O Neill, Sarah \$50.00 6 Contributor address; City; State; Zip Code New York, NY 10011 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) N/A N/A Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/08/2024 O Neill, Sarah \$15.00 Contributor address; City; State; Zip Code New York, NY 10011 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A N/A Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/14/2024 Obi, Trudy \$2.50 Contributor address; City; State; Zip Code Berkeley, CA 94707 Principal occupation / Job title (See Instructions) Employer (See Instructions) Editor and project manager ION Translations LLC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/14/2024 Obi, Trudy \$1.00 Contributor address; City; State; Zip Code Berkeley, CA 94707 Principal occupation / Job title (See Instructions) Employer (See Instructions) Editor and project manager ION Translations LLC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/14/2024 \$2.50 Obi, Trudy Contributor address; City; State; Zip Code Berkeley, CA 94707 Principal occupation / Job title (See Instructions) Employer (See Instructions) Editor and project manager ION Translations LLC

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 162/252 Rpt: 165/260	
2	FILER NAME			3	Filer ID (Ethics Commission F	ilers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/14/2024	Obi, Trudy				\$1.00
		6 Contributor address; City; State; Zip Code		1		
		Berkeley, CA 94707				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Editor and pr	roject manager	ION Translations LLC			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/14/2024	Obi, Trudy				\$2.50
		Contributor address; City; State; Zip Code		1		
		Berkeley, CA 94707				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Editor and pi	roject manager	ION Translations LLC			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/14/2024	Obi, Trudy				\$1.00
		Contributor address; City; State; Zip Code]		
\vdash	Dringing oog	Berkeley, CA 94707				
		pation / Job title (See Instructions) roject manager	Employer (See Instructions ION Translations LLC	5)		
╘				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	фо <u>го</u>
	04/14/2024	Obi, Trudy				\$2.50
		Contributor address; City; State; Zip Code				
		Berkeley, CA 94707				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)		
		roject manager	ION Translations LLC	,		
╞	Date			1	Amount of Contribution (\$)	
	04/14/2024	Full name of contributor out-of-state PAC (ID#: Obi, Trudy	/			\$1.00
		Contributor address; City; State; Zip Code				Ψ1.00
		Continuation address, City, State, Zip Code				
		Berkeley, CA 94707				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Editor and pr	roject manager	ION Translations LLC			
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The Instruction	on Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 163/252 Rpt: 166/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State Blu	ie - Texas		00087094
05/14/2024	Full name of contributor out-of-state PAC (ID#:		 Amount of Contribution (\$) \$2.5
	Berkeley, CA 94707		
		9 Employer (See Instructions)	
Editor and proje	ect manager	ION Translations LLC	
Date 05/14/2024	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$) \$1.0
Dringingl occupat	Berkeley, CA 94707 tion / Job title (See Instructions)	Employer (See Instructions)	
Editor and proje		ION Translations LLC	
Date 06/14/2024	Full name of contributor out-of-state PAC (ID#: Obi, Trudy)	Amount of Contribution (\$) \$2.5
	Contributor address; City; State; Zip Code Berkeley, CA 94707		
Principal occupat	tion / Job title (See Instructions)	Employer (See Instructions)	
Editor and proje		ION Translations LLC	
Date 06/14/2024	Full name of contributor out-of-state PAC (ID#: Obi, Trudy Obi, Trudy Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$1.0
	Berkeley, CA 94707		
Principal occupati Editor and proje	ion / Job title (See Instructions) ect manager	Employer (See Instructions) ION Translations LLC	
Date 01/28/2024	Full name of contributor out-of-state PAC (ID#: POWER, MARGARET Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$5.0
	/ inducting, Or i o 1001	I	
Principal occupati	tion / Job title (See Instructions)	Employer (See Instructions)	

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 164/252 Rpt: 167/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/28/2024			\$1.50
	6 Contributor address; City; State; Zip Code		1
	Altadona CA 01001		
Principal occi	Altadena, CA 91001 upation / Job title (See Instructions)	9 Employer (See Instructions	e)
Retired		Retired	>)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/28/2024			\$5.00
	Contributor address; City; State; Zip Code		1
Driv visal accu	Altadena, CA 91001		ļ
Principal occi Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	5)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/28/2024			\$1.50
	Contributor address; City; State; Zip Code		
	Altadena, CA 91001		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/28/2024			\$5.00
	Contributor address; City; State; Zip Code		1
	Altadona CA 01001		
Drincipal occu	Altadena, CA 91001	Employer (See Instructions	~1
Retired	upation / Job title (See Instructions)	Retired	5)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
03/28/2024)	\$1.50
00/20/202	Contributor address; City; State; Zip Code		
	Altadena, CA 91001		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	

MONETARY POLITICAL CONTRIBUTIONS 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 165/252 Rpt: 168/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 01/18/2024 Park, Ben 6 Contributor address; City; State; Zip Code LOS ANGELES, CA 90065 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired N/A Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$)) 01/18/2024 Park, Ben Contributor address; City; State; Zip Code LOS ANGELES, CA 90065 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired N/A Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:) 02/18/2024 Park, Ben Contributor address; City; State; Zip Code LOS ANGELES, CA 90065

Principal occup retired	pation / Job title (See Instructions)	Employer (See Instructions) N/A	
Date 02/18/2024	Full name of contributor out-of-state PAC (ID#: Park, Ben Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$1.50
	LOS ANGELES, CA 90065		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	
retired		N/A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/18/2024	Park, Ben		\$5.00
	Contributor address; City; State; Zip Code		
	LOS ANGELES, CA 90065		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	
retired		N/A	

SCHEDULE A1

\$5.00

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MONETARY POLITICAL CONTRIBUTIONS SCHEDU The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 166/252 Rpt: 169/2 2 FILER NAME 3 Filer ID (Ethics Commission)

		cuon ounce explains now to complete this te			Sch: 166/252 Rpt: 169/260	
2	FILER NAME			3	Filer ID (Ethics Commission F	ilers)
	Every State	3lue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/18/2024	Park, Ben				\$1.50
		6 Contributor address; City; State; Zip Code				
		LOS ANGELES, CA 90065				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	retired		N/A			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/18/2024	Park, Ben				\$5.00
		Contributor address; City; State; Zip Code				
		LOS ANGELES, CA 90065				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	retired		N/A			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/18/2024	Park, Ben				\$1.50
		Contributor address; City; State; Zip Code				
		LOS ANGELES, CA 90065				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	retired		N/A			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/18/2024	Park, Ben				\$5.00
		Contributor address; City; State; Zip Code				
		LOS ANGELES, CA 90065				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	retired		N/A			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/18/2024	Park, Ben				\$1.50
		Contributor address; City; State; Zip Code				
	Delevit 1	LOS ANGELES, CA 90065		<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions)		
	retired		IN/A			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 167/252 Rpt: 170/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/18/2024 Park, Ben 6 Contributor address; City; State; Zip Code LOS ANGELES, CA 90065 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired N/A Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/18/2024 Park, Ben Contributor address; City; State; Zip Code LOS ANGELES, CA 90065 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired N/A Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/19/2024 Parr, Kay Contributor address; City; State; Zip Code Weatherford, TX 76086 Principal occupation / Job title (See Instructions) Employer (See Instructions) Meeting Consultant Self Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/19/2024 Parr, Kay Contributor address; City; State; Zip Code Weatherford, TX 76086 Principal occupation / Job title (See Instructions) Employer (See Instructions) Meeting Consultant Self Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/19/2024 Parr, Kay Contributor address; City; State; Zip Code

	Weatherford, TX 76086		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Meeting Consultant		Self Employed	
	·		

\$5.00

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\$5.00

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 168/252 Rpt: 171/260	
2	FILER NAME			3	Filer ID (Ethics Commission F	ilers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/19/2024	Parr, Kay				\$1.50
	I	6 Contributor address; City; State; Zip Code		1		
		Weatherford, TX 76086	-			
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
_	Meeting Con	isultant	Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/19/2024	Parr, Kay				\$5.00
		Contributor address; City; State; Zip Code				
		Weatherford, TX 76086				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Meeting Con		Self Employed	5)		
—	-			T	Amount of Contribution (4)	
	Date 03/19/2024	Full name of contributor out-of-state PAC (ID#: Parr, Kay)		Amount of Contribution (\$)	\$1.50
	03/19/2024			•		Φ1.90
		Contributor address; City; State; Zip Code				
		Weatherford, TX 76086				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 S)		
	Meeting Con	isultant	Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/19/2024	Parr, Kay				\$5.00
	I	Contributor address; City; State; Zip Code				
		Weatherford, TX 76086				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Meeting Con	isultant	Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/19/2024	Parr, Kay				\$1.50
	l	Contributor address; City; State; Zip Code		1		
		Weatherford, TX 76086	1	Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	S)		
<u> </u>	Meeting Con	Isuitani	Self Employed			
1						r

Every State Blue - Texas	Sch: 169/252 Rpt: 172/260
Every State Blue - Texas 4 Date 5 Full name of contributor Out-of-state PAC (ID#:) 7 05/19/2024 Parr, Kay 7 100 - 000 -	Filer ID (Ethics Commission Filers)
05/19/2024 Parr, Kay	00087094
6 Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$5.00
Weatherford, TX 76086	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Meeting Consultant Self Employed	
	Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) 05/19/2024 Parr, Kay	Amount of Contribution (\$) \$1.50
	ψ1.00
Contributor address; City; State; Zip Code	
Weatherford, TX 76086	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Meeting Consultant Self Employed	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/19/2024 Parr, Kay	\$5.00
Contributor address; City; State; Zip Code	
Weatherford, TX 76086	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Meeting Consultant Self Employed	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/19/2024 Parr, Kay	\$1.50
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code Weatherford, TX 76086	
Weatherford, TX 76086	
Weatherford, TX 76086 Principal occupation / Job title (See Instructions) Meeting Consultant Employer (See Instructions) Self Employed	Amount of Contribution (\$)
Weatherford, TX 76086 Principal occupation / Job title (See Instructions) Meeting Consultant Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Weatherford, TX 76086 Principal occupation / Job title (See Instructions) Meeting Consultant Date Full name of contributor Out-of-state PAC (ID#:) Perez, Daniel	Amount of Contribution (\$) \$11.91
Weatherford, TX 76086 Principal occupation / Job title (See Instructions) Meeting Consultant Date Full name of contributor out-of-state PAC (ID#:)	
Weatherford, TX 76086 Principal occupation / Job title (See Instructions) Meeting Consultant Date Full name of contributor Out-of-state PAC (ID#:) Perez, Daniel	
Weatherford, TX 76086 Principal occupation / Job title (See Instructions) Meeting Consultant Date Full name of contributor O1/10/2024 Perez, Daniel Contributor address; City; State; Zip Code	
Weatherford, TX 76086 Principal occupation / Job title (See Instructions) Meeting Consultant Date Full name of contributor Out-of-state PAC (ID#:) Perez, Daniel Contributor address; City; State; Zip Code Alhambra, CA 91803	
Weatherford, TX 76086 Principal occupation / Job title (See Instructions) Meeting Consultant Date Full name of contributor O1/10/2024 Perez, Daniel Contributor address; City; State; Zip Code	

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 170/252 Rpt: 173/260	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/10/2024	Perez, Daniel				\$11.91
		6 Contributor address; City; State; Zip Code		1		
		Alhambra, CA 91803				
		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Safety Profe	ssional	Jacobs			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/10/2024	Perez, Daniel				\$11.91
		Contributor address; City; State; Zip Code		1		
		Alhambra, CA 91803				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Safety Profe		Jacobs			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/10/2024	Perez, Daniel				\$11.91
		Contributor address; City; State; Zip Code				
		Alhambra, CA 91803				
_	Dringing occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Safety Profe		Employer (See Instructions Jacobs	5)		
				1	(Original Constant Stations (A)	
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	<u> ተ11 01</u>
	05/10/2024	Perez, Daniel				\$11.91
		Contributor address; City; State; Zip Code				
		Alhambra, CA 91803				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ג)		
	Safety Profe		Jacobs	,		
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	1	Amount of Contribution (\$)	
	06/10/2024	Perez, Daniel			Allount of Contribution (4)	\$11.91
	00,10,202	Contributor address; City; State; Zip Code				*** .* =
		Alhambra, CA 91803				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> 5)		
	Safety Profe	ssional	Jacobs			
			1			

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 171/252 Rpt: 174/260	
2 FILER NAME	ME		3 Filer ID (Ethics Commission File	lers)
Every State E	Blue - Texas		00087094	-
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
01/01/2024	Pessner, Kirk			\$5.00
	6 Contributor address; City; State; Zip Code			
	Burlingame, CA 94010			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	1	
Senior Parale	egal	Miller & Olson LLP		
Date	Full name of contributor 🛛 out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
01/01/2024	Pessner, Kirk			\$1.50
	Contributor address; City; State; Zip Code			
	Burlingama CA 04010			
Bringinal occur	Burlingame, CA 94010 pation / Job title (See Instructions)	Employer (See Instructions)		
Senior Parale		Employer (See Instructions) Miller & Olson LLP)	
Date	Full name of contributor out-of-state PAC (ID#	[#] :)	Amount of Contribution (\$)	\$5.00
02/01/2024	Pessner, Kirk			90.00
	Contributor address; City; State; Zip Code			
	Burlingame, CA 94010			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Senior Parale	egal	Miller & Olson LLP		
Date	Full name of contributor 🛛 out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
02/01/2024	Pessner, Kirk			\$1.50
	Contributor address; City; State; Zip Code			
	Burlingame, CA 94010			
	pation / Job title (See Instructions)	Employer (See Instructions)	1	
Senior Parale	egal	Miller & Olson LLP		
Date	Full name of contributor 🛛 out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
03/01/2024 Pessner, Kirk			\$5.00	
	Contributor address; City; State; Zip Code			
	Burlingama CA 94010			
Dringing occu	Burlingame, CA 94010	Employer (See Instructions)		
Senior Parale	pation / Job title (See Instructions)	Employer (See Instructions) Miller & Olson LLP)	
Jenior i urun				

The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 172/252 Rpt: 175/260		
2	FILER NAME	RNAME		3	Filer ID (Ethics Commission I	Filers)
	Every State	Blue - Texas			00087094	-
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7	Amount of Contribution (\$)	
	03/01/2024	Pessner, Kirk				\$1.50
		6 Contributor address; City; State; Zip Code				
		Burlingame, CA 94010				
8		pation / Job title (See Instructions)	9 Employer (See Instruction	ıs)		
	Senior Paral	egal	Miller & Olson LLP			
	Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	04/01/2024	Pessner, Kirk				\$5.00
		Contributor address; City; State; Zip Code		"]		
		Burlingomo CA 04010				
	Dringing oog	Burlingame, CA 94010	Employer (Coo Instruction	<u> </u>		
	Senior Paral	pation / Job title (See Instructions)	Employer (See Instruction Miller & Olson LLP	1S <i>)</i>		
╞					· · · · · · · · · · · · · · · · · · ·	
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	\$1.50
	04/01/2024	Pessner, Kirk				ΦT.00
		Contributor address; City; State; Zip Code				
		Burlingame, CA 94010				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
	Senior Paral	egal	Miller & Olson LLP			
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	05/01/2024	Pessner, Kirk				\$5.00
		Contributor address; City; State; Zip Code				
		Burlingame, CA 94010	i			
	-	pation / Job title (See Instructions)	Employer (See Instruction	າຣ)		
	Senior Paral	egai	Miller & Olson LLP			
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	05/01/2024 Pessner, Kirk				\$1.50	
		Contributor address; City; State; Zip Code				
		Burlingame, CA 94010				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u> </u>		
	Senior Paral		Miller & Olson LLP	13)		
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The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 173/252 Rpt: 176/260	
2 FILER NAME	ILER NAME		3 Filer ID (Ethics Commission File	ers)
Every State	Blue - Texas		00087094	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/01/2024	Pessner, Kirk			\$5.00
	6 Contributor address; City; State; Zip Code			
	Burlingame, CA 94010	<u> </u>		
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Senior Paral	egal	Miller & Olson LLP		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/01/2024	Pessner, Kirk			\$1.50
	Contributor address; City; State; Zip Code			
	Burlingame, CA 94010			
Dringinal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
Senior Paral		Miller & Olson LLP)	
			A compared of O constrainty strings (ff)	
Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$7.50
0412312024	Portugal, David			Φ1.50
	Contributor address; City; State; Zip Code			
	Bellaire, TX 77401			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Physician		Memorial Hermann		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/29/2024	Portugal, David			\$2.25
	Contributor address; City; State; Zip Code			
	Bellaire, TX 77401			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Physician		Memorial Hermann		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	·
05/29/2024 Portugal, David				\$7.50
	Contributor address; City; State; Zip Code			
	Bellaire, TX 77401			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Physician		Memorial Hermann)	
11,010.0.1				

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 174/252 Rpt: 177/260	
2	FILER NAME		3	Filer ID (Ethics Commission F	ilers)	
	Every State				00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/29/2024	Portugal, David				\$2.25
		6 Contributor address; City; State; Zip Code		1		
		Bellaire, TX 77401				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician		Memorial Hermann			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	03/17/2024	Poteat, Cyrus				\$5.00
		Contributor address; City; State; Zip Code		1		
		South Bend IN, IN 46617				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Product		Collectors Holdings			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/17/2024	Poteat, Cyrus				\$5.00
		Contributor address; City; State; Zip Code		1		
		South Bend IN, IN 46617				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Product		Collectors Holdings			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/17/2024	Poteat, Cyrus				\$5.00
		Contributor address; City; State; Zip Code		1		
		South Bend IN, IN 46617				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Product		Collectors Holdings			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/17/2024	Poteat, Cyrus				\$5.00
	Contributor address; City; State; Zip Code			1		
		South Bend IN, IN 46617				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Product		Collectors Holdings			
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 175/252 Rpt: 178/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/01/2024	Pyrka, Gloria J		\$5.0
	6 Contributor address; City; State; Zip Code		
	Highland Park, IL 60035		
-	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/01/2024	Pyrka, Gloria J		\$5.0
	Contributor address; City; State; Zip Code		
	Highland Park, IL 60035		
-	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/01/2024	Pyrka, Gloria J		\$5.0
	Contributor address; City; State; Zip Code		
	Highland Park, IL 60035		
	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/01/2024	Pyrka, Gloria J		\$5.0
	Contributor address; City; State; Zip Code		
	Highland Park, IL 60035		
-	pation / Job title (See Instructions)	Employer (See Instructions)	;)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/01/2024	Pyrka, Gloria J		\$5.0
	Contributor address; City; State; Zip Code		
	Highland Park, IL 60035		
-	ipation / Job title (See Instructions)	Employer (See Instructions)	;)
Retired		Retired	

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	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 176/252 Rpt: 179/260	
2	FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
		Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/01/2024	Pyrka, Gloria J				\$5.00
		6 Contributor address; City; State; Zip Code		"		
		Highland Park, IL 60035				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	·)	\Box	Amount of Contribution (\$)	
	04/29/2024	Raybuck, Susan				\$5.00
		Contributor address; City; State; Zip Code		·		
		Wimberley, TX 78676				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired	1	retired			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	04/29/2024	Raybuck, Susan				\$1.00
		Contributor address; City; State; Zip Code				
		Wimberley, TX 78676				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	05/29/2024	Raybuck, Susan				\$5.00
		Contributor address; City; State; Zip Code		·		
		Wimberley, TX 78676				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	\Box	Amount of Contribution (\$)	
	05/29/2024	Raybuck, Susan				\$1.00
		Contributor address; City; State; Zip Code		"		
		Wimberley, TX 78676				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> s)		
	retired		retired			

The Instrue	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 177/252 Rpt: 180/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/14/2024	Reber, Douglas		\$12.50
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78717		
	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Engineer		NXP Semiconductors	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/14/2024	Reber, Douglas		\$2.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78717		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Engineer		NXP Semiconductors	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/14/2024	Reber, Douglas		\$12.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78717	<u> </u>	
-	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Engineer		NXP Semiconductors	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/14/2024	Reber, Douglas		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78717		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Engineer		NXP Semiconductors	"
Date 03/14/2024	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$12.50
03/14/2024	Reber, Douglas		ψ±2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78717		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Engineer		NXP Semiconductors	<i>"</i>

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 178/252 Rpt: 181/260	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
_		Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/14/2024	Reber, Douglas	,			\$2.00
		6 Contributor address; City; State; Zip Code		1		
			,			
			,			
		Austin, TX 78717				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Engineer		NXP Semiconductors			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	04/14/2024	Reber, Douglas	,			\$12.50
		Contributor address; City; State; Zip Code		1		
			,			
			,			
		Austin, TX 78717	,			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Engineer		NXP Semiconductors			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/14/2024	Reber, Douglas				\$2.00
				1		
			,			
			,			
		Austin, TX 78717	,			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Engineer		NXP Semiconductors			
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/18/2024	Reichman, Henry				\$5.00
		Contributor address; City; State; Zip Code		ł		
			,			
			,			
		Albany, CA 94706	,			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	- 5)		
	retired		retired			
╞	Date	Full name of contributor out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
	01/29/2024	Rogers, Kate				\$5.00
		Contributor address; City; State; Zip Code		ł		
			,			
			,			
		Sherwood Forest, MD 21405	,			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Retired	,		
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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/29/2024	Rogers, Kate		\$1.50
	6 Contributor address; City; State; Zip Code		1
	Champional Format MD 21405		
Drincipal occu	Sherwood Forest, MD 21405 upation / Job title (See Instructions)	9 Employer (See Instructions	~1
Retired		Retired	»)
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 02/29/2024	Full name of contributor out-of-state PAC (ID#: Rogers, Kate)	Amount of Contribution (\$) \$5.00
0212312024	-		ψο.ου
	Contributor address; City; State; Zip Code		
	Sherwood Forest, MD 21405		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/29/2024	Rogers, Kate		\$1.50
			1
	Sherwood Forest, MD 21405		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/13/2024	SEAGER, Glenda		\$5.00
	Contributor address; City; State; Zip Code		
	Longview, TX 75604		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	>\
retired		none	»)
Date 01/13/2024	Full name of contributor out-of-state PAC (ID#: SEAGER, Glenda)	Amount of Contribution (\$) \$1.50
01/13/2024			ψ±.55
	Contributor address; City; State; Zip Code		
	Longview, TX 75604		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)
retired		none	,
i			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 180/252 Rpt: 183/260	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Every State I	Blue - Texas		00087094	
4 Date 02/13/2024	 5 Full name of contributor out-of-state PAC (ID#: SEAGER, Glenda 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$)	\$5.00
- Di kalaan	Longview, TX 75604			
8 Principal occup retired	pation / Job title (See Instructions)	9 Employer (See Instructions) none		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/13/2024	SEAGER, Glenda			\$1.50
	Contributor address; City; State; Zip Code			
	Longview, TX 75604			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
retired		none		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/13/2024	SEAGER, Glenda			\$5.00
	Contributor address; City; State; Zip Code			
	Longview, TX 75604			
Principal occu retired	Longview, TX 75604 pation / Job title (See Instructions)	Employer (See Instructions) none		
	-	none	Amount of Contribution (\$)	
retired	pation / Job title (See Instructions)	none	Amount of Contribution (\$)	\$1.50
retired Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:)	none	Amount of Contribution (\$)	\$1.50
retired Date 03/13/2024	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: SEAGER, Glenda Contributor address; City; State; Zip Code Longview, TX 75604	none)	Amount of Contribution (\$)	\$1.50
retired Date 03/13/2024	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	none	Amount of Contribution (\$)	\$1.50
retired Date 03/13/2024 Principal occu	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: SEAGER, Glenda Contributor address; City; State; Zip Code Longview, TX 75604	none)	Amount of Contribution (\$)	\$1.50
retired Date 03/13/2024 Principal occu retired	pation / Job title (See Instructions) Full name of contributorout-of-state PAC (ID#: SEAGER, Glenda Contributor address; City; State; Zip Code Longview, TX 75604 pation / Job title (See Instructions)	none)	Amount of Contribution (\$)	\$1.50
retired Date 03/13/2024 Principal occur retired Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ SEAGER, Glenda Contributor address; City; State; Zip Code Longview, TX 75604 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ SEAGER, Glenda Contributor address; City; State; Zip Code	none)	Amount of Contribution (\$)	
retired Date 03/13/2024 Principal occur retired Date 04/13/2024	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ SEAGER, Glenda Contributor address; City; State; Zip Code Longview, TX 75604 pation / Job title (See Instructions) Full name of contributor Gut-of-state PAC (ID#:_ SEAGER, Glenda Contributor address; City; State; Zip Code Longview, TX 75604 Longview, TX 75604 Longview, TX 75604	none)	Amount of Contribution (\$)	
retired Date 03/13/2024 Principal occur retired Date 04/13/2024	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ SEAGER, Glenda Contributor address; City; State; Zip Code Longview, TX 75604 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ SEAGER, Glenda Contributor address; City; State; Zip Code	none)	Amount of Contribution (\$)	

	The Instru	ction Guide explains how to complete this f	form.		Total pages Schedule A1: Sch: 181/252 Rpt: 184/260	
2	FILER NAME			_	Filer ID (Ethics Commission F	ilers)
		Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/13/2024	SEAGER, Glenda	1			\$1.50
		6 Contributor address; City; State; Zip Code		'		
			1			
		Longview, TX 75604	'			
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	retired		none			
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	05/13/2024	SEAGER, Glenda	1			\$5.00
		Contributor address; City; State; Zip Code		"		
			,			
			,			
		Longview, TX 75604				
	•	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		none			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	05/13/2024	SEAGER, Glenda	1			\$1.50
		Contributor address; City; State; Zip Code		"		
			,			
			,			
		Longview, TX 75604	'			
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		none			
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	06/13/2024	SEAGER, Glenda	,			\$5.00
		Contributor address; City; State; Zip Code		"		
			,			
			1			
		Longview, TX 75604				
	•	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		none			
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	06/13/2024	SEAGER, Glenda	1			\$1.50
		Contributor address; City; State; Zip Code		1		
			,			
			,			
		Longview, TX 75604				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		none			
			<u>.</u>			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 182/252 Rpt: 185/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/17/2024	Saal, James		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Brooklyn, NY 11218		
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>
retired		retired	>/
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 02/17/2024)	Amount of Contribution (\$) \$5.00
UZI1112024	Saal, James		φυ.υυ •
	Contributor address; City; State; Zip Code		
	Brooklyn, NY 11218		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
03/17/2024	Saal, James	/	\$5.00
001111202			
	Contributor address; City; State; Zip Code		
	Brooklyn, NY 11218		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/17/2024	Saal, James		\$5.00
	Contributor address; City; State; Zip Code		
	Brooklyn, NY 11218		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/17/2024	Saal, James		\$5.00
	Contributor address; City; State; Zip Code		1
	Brooklyn, NY 11218		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	

				_		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 183/252 Rpt: 186/260)
2	2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Every State Blue - Texas				00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/17/2024	Saal, James				\$5.00
		6 Contributor address; City; State; Zip Code		1		
		Brooklyn, NY 11218				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/26/2024	Salas-Porras, Ana				\$12.50
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78756				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	01/26/2024	Salas-Porras, Ana				\$3.75
		Contributor address; City; State; Zip Code		1		
	<u> </u>	Austin, TX 78756	1	Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	S)		
	Retired	T	Retired	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷10 F0
	02/26/2024	Salas-Porras, Ana				\$12.50
		Contributor address; City; State; Zip Code				
		Austin, TX 78756				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Retired		Retired	3)		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	02/26/2024	Salas-Porras, Ana)			\$3.75
	0212012027			-		Ψ0.1 Ο
		Contributor address; City; State; Zip Code				
		Austin, TX 78756				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Retired	-,		
⊢						
6						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 184/252 Rpt: 187/260	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	Blue - Texas		00087094	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
03/26/2024	Salas-Porras, Ana			\$12.50
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78756			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
03/26/2024	Salas-Porras, Ana			\$3.75
	Austin, TX 78756			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Retired		Retired	<i>,</i>	
			Amount of Contribution (¢)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	#10 E0
04/26/2024				\$12.50
	Contributor address; City; State; Zip Code			
	Austin TV 70756			
Dringing oogu	Austin, TX 78756	Employer (Cap Instructions	\	
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)	
Retileu		Relieu		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2024	Salas-Porras, Ana			\$3.75
	Contributor address; City; State; Zip Code			
	Austin, TX 78756			
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/26/2024	Salas-Porras, Ana			\$12.50
	Contributor address; City; State; Zip Code			
	Austin, TX 78756			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Retired		Retired		

					_		
	The Instru	ction Guide explains how to complete t	this f	orm.	1	Total pages Schedule A1: Sch: 185/252 Rpt: 188/260)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		Blue - Texas			-	00087094	
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:_)	7	Amount of Contribution (\$)	
	05/26/2024	Salas-Porras, Ana			l		\$3.75
	,	6 Contributor address; City; State; Zip Code					
	,				l		
	,				l		
		Austin, TX 78756			_		
8		upation / Job title (See Instructions)		9 Employer (See Instructions)		
	Retired			Retired	_		
	Date	Full name of contributor out-of-state PAC	AC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/09/2024	Sashkin, Davina			l		\$12.50
	,	Contributor address; City; State; Zip Code			l		
	,				l		
	,						
	,	Austin, TX 78739			l		
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	;)		
	Attorney			Wilkinson Barker Knaue			
⊨	Date	Full name of contributor Out-of-state PAC	AC (ID#:_)	Γ	Amount of Contribution (\$)	
	02/09/2024	Sashkin, Davina	<u> </u>		l		\$12.50
	u =				l		
	,				l		
	,				l		
	,	Austin, TX 78739			l		
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	;)		
	Attorney			Wilkinson Barker Knaue	r		
F	Date	Full name of contributor out-of-state PAC	AC (ID#:_)	Γ	Amount of Contribution (\$)	
	03/09/2024	Sashkin, Davina			l		\$12.50
	, ,	Contributor address; City; State; Zip Code			l		
	,				l		
	ļ						
	,	Austin, TX 78739			l		
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	;)		
	Attorney			Wilkinson Barker Knaue	r		
⊢	Date	Full name of contributor out-of-state PAC	AC (ID#:_)	Γ	Amount of Contribution (\$)	
	04/09/2024	Sashkin, Davina			l		\$12.50
	,	Contributor address; City; State; Zip Code			l		
	ł						
	1						
	ł	Austin, TX 78739					
┢	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	;)		
	Attorney			Wilkinson Barker Knaue			
⊢							

The Instru	ction Guide explains how to complete this	form	1 Total pages Schedule A1:
	ction Guide explains how to complete this f	iorm.	Sch: 186/252 Rpt: 189/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/09/2024	Sashkin, Davina		\$12.50
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78739		
8 Principal occu	Jupation / Job title (See Instructions)	9 Employer (See Instructions	1s)
Attorney	•	Wilkinson Barker Knaue	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/09/2024	Sashkin, Davina		\$12.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78739		
	upation / Job title (See Instructions)	Employer (See Instructions	
Attorney		Wilkinson Barker Knaue	۶r
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/30/2024	Schenker, Rebecca		\$2.50
	Contributor address; City; State; Zip Code		
	La Grange, TX 78945		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)
retired		n/a	<i>>)</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
01/30/2024	Schenker, Rebecca	/	\$1.00
01,00,	Contributor address; City; State; Zip Code		•
	La Grange, TX 78945		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
retired		n/a	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/29/2024	Schenker, Rebecca		\$2.50
	Contributor address; City; State; Zip Code]
	La Grango TV 79045		
Drincinal occu	La Grange, TX 78945	Employor (Soo Instructions	
retired	upation / Job title (See Instructions)	Employer (See Instructions n/a	3)
		lina	

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 187/252 Rpt: 190/260	
2	FILER NAME			3	Filer ID (Ethics Commission F	Filers)
	Every State	Blue - Texas			00087094	-
4	Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7	Amount of Contribution (\$)	
	02/29/2024	Schenker, Rebecca				\$1.00
		6 Contributor address; City; State; Zip Code		1		
		La Grange, TX 78945	- i			
		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	retired		n/a	_		
	Date	Full name of contributor out-of-state PAC (ID#	t:)	T	Amount of Contribution (\$)	
	03/30/2024	Schenker, Rebecca				\$2.50
		Contributor address; City; State; Zip Code]		
		La Grange, TX 78945				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>		
	retired		n/a	5)		
	Date	Full name of contributor Out-of-state PAC (ID#		—	Amount of Contribution (\$)	
	03/30/2024	Full name of contributor Out-of-state PAC (ID# Schenker, Rebecca	/			\$1.00
	00,00,202.	Contributor address; City; State; Zip Code				\$1.00
			l			
		La Grange, TX 78945				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		n/a			
	Date	Full name of contributor out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	04/30/2024	Schenker, Rebecca				\$2.50
		Contributor address; City; State; Zip Code		1		
	Dringing ogg	La Grange, TX 78945				
	Principal occu retired	ipation / Job title (See Instructions)	Employer (See Instructions n/a	5)		
╞				—		
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	\$1.00
	04/30/2024	Schenker, Rebecca				ΦT.00
		Contributor address; City; State; Zip Code				
		La Grange, TX 78945				
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		n/a			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 188/252 Rpt: 191/260	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	lers)
Every State E	3lue - Texas		00087094	
05/30/2024	 5 Full name of contributor out-of-state PAC (ID#: Schenker, Rebecca 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$)	\$2.50
	La Grange, TX 78945			
8 Principal occup retired	pation / Job title (See Instructions)	9 Employer (See Instructions) n/a		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2024	Schenker, Rebecca			\$1.00
	Contributor address; City; State; Zip Code			
	La Grange, TX 78945			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
retired		n/a		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/13/2024	Schipper, PATRICIA			\$5.00
	Contributor address; City; State; Zip Code Stephenville, TX 76401			
Principal occur				
	votion / Joh title (See Instructions)			
retired	pation / Job title (See Instructions)	Employer (See Instructions) retired		
Date 01/13/2024	Full name of contributor out-of-state PAC (ID#:_ Schipper, PATRICIA	retired	Amount of Contribution (\$)	\$1.25
Date	Full name of contributor out-of-state PAC (ID#:	retired	Amount of Contribution (\$)	\$1.25
Date 01/13/2024	Full name of contributor out-of-state PAC (ID#:_ Schipper, PATRICIA Contributor address; City; State; Zip Code Stephenville, TX 76401	retired)		\$1.25
Date 01/13/2024	Full name of contributor out-of-state PAC (ID#:_ Schipper, PATRICIA Contributor address; City; State; Zip Code	retired		\$1.25
Date 01/13/2024 Principal occup retired Date	Full name of contributor out-of-state PAC (ID#:_ Schipper, PATRICIA Contributor address; City; State; Zip Code Stephenville, TX 76401 Deation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_	retired) Employer (See Instructions) retired		
Date 01/13/2024 Principal occup retired	Full name of contributor out-of-state PAC (ID#:_ Schipper, PATRICIA Contributor address; City; State; Zip Code Stephenville, TX 76401 pation / Job title (See Instructions)	retired) Employer (See Instructions) retired		\$1.25
Date 01/13/2024 Principal occup retired Date	Full name of contributor out-of-state PAC (ID#:_ Schipper, PATRICIA Contributor address; City; State; Zip Code Stephenville, TX 76401 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Schipper, PATRICIA Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Schipper, PATRICIA	retired) Employer (See Instructions) retired		
Date 01/13/2024 Principal occup retired Date 02/13/2024	Full name of contributor out-of-state PAC (ID#:_ Schipper, PATRICIA Contributor address; City; State; Zip Code Stephenville, TX 76401 Deation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Schipper, PATRICIA Contributor address; City; State; Zip Code Schipper, PATRICIA Stephenville, TX 76401 Stephenville, TX 76401 Stephenville, TX 76401	retired)	Amount of Contribution (\$)	
Date 01/13/2024 Principal occup retired Date 02/13/2024	Full name of contributor out-of-state PAC (ID#:_ Schipper, PATRICIA Contributor address; City; State; Zip Code Stephenville, TX 76401 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Schipper, PATRICIA Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Schipper, PATRICIA	retired) Employer (See Instructions) retired	Amount of Contribution (\$)	

			1 Total pages Schedule A1:
The Instruc	ction Guide explains how to complete this f	orm.	Sch: 189/252 Rpt: 192/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State E	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
02/13/2024	Schipper, PATRICIA		\$1.2
	6 Contributor address; City; State; Zip Code		1
	Stephenville, TX 76401	-	
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/13/2024	Schipper, PATRICIA		\$5.0
	Contributor address; City; State; Zip Code	,	1
]	Stephenville, TX 76401	1	<u> </u>
	pation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/13/2024	Schipper, PATRICIA		\$1.2
	Contributor address; City; State; Zip Code]
Duits since a court	Stephenville, TX 76401		<u> </u>
Principal occup retired	pation / Job title (See Instructions)	Employer (See Instructions retired	3)
			<u> </u>
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/13/2024	Schipper, PATRICIA		\$5.0
	Contributor address; City; State; Zip Code		
	Stephenville, TX 76401		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
retired		retired	"
	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 04/13/2024	Full name of contributor out-of-state PAC (ID#: Schipper, PATRICIA	/	\$1.2
04/10/2027			↓ ↓
	Contributor address; City; State; Zip Code		
	Stephenville, TX 76401		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
retired		retired	<i>,</i>
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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 190/252 Rpt: 193/260	
2 FILER NAME			3 Filer ID (Ethics Commission Filers))
	Blue - Texas		00087094	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/13/2024			\$5	5.00
	6 Contributor address; City; State; Zip Code			
	Stephenville, TX 76401			
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	_
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/13/2024	Schipper, PATRICIA		\$1	L.25
	Contributor address; City; State; Zip Code		1	
	Stephenville, TX 76401			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/13/2024	Schipper, PATRICIA		\$5	5.00
	Contributor address; City; State; Zip Code			
	Stephenville, TX 76401			
	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/13/2024	Schipper, PATRICIA		\$1	L.25
	Contributor address; City; State; Zip Code		1	
	Stephenville, TX 76401		Į	
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/11/2024	Schroeck, Pamela		\$5	5.00
	Contributor address; City; State; Zip Code			
	Poolville, TX 76487		<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
None		Retired		

The	e Instru	ction Guide explains how to complete this f	form.		Total pages Schedule A1: Sch: 191/252 Rpt: 194/260	
2 FILE	ER NAME			3	Filer ID (Ethics Commission F	-ilers)
Eve	ery State	Blue - Texas			00087094	
4 Date	e	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
01/:	11/2024	Schroeck, Pamela				\$1.50
		6 Contributor address; City; State; Zip Code		.		
		Poolville, TX 76487	1			
		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Nor	ne		Retired	-		
Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
02/:	11/2024	Schroeck, Pamela				\$5.00
		Contributor address; City; State; Zip Code]		
		Poolville, TX 76487				
Drin		pation / Job title (See Instructions)	Employer (See Instructions			
Nor			Retired	5)		
				<u> </u>	Amount of Contribution (¢)	
Date	e 11/2024	Full name of contributor out-of-state PAC (ID#: Schroeck, Pamela)		Amount of Contribution (\$)	\$1.50
021.	11/2024					ΦΤ.ΟΟ
		Contributor address; City; State; Zip Code				
		Poolville, TX 76487				
Prin	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Nor	ne		Retired			
Date	e	Full name of contributor out-of-state PAC (ID#:_	·)		Amount of Contribution (\$)	
03/	11/2024	Schroeck, Pamela				\$5.00
		Contributor address; City; State; Zip Code		"		
		Poolville, TX 76487	1			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
Nor	ne		Retired	-		
Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
03/:	11/2024	Schroeck, Pamela				\$1.50
		Contributor address; City; State; Zip Code				
		Poolville, TX 76487				
Prin	ncinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>		
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1101			Retired			
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The Instruction Guide explains how to complete this form. Sch: 192/252 Rpt: 195/260 2 FILER NAME Every State Blue - Texas 3 Filer ID (Ethics Commission Filers) 00087094 4 Date 04/11/2024 5 Full name of contributor out-of-state PAC (ID#:) Schroeck, Pamela 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$5. 8 Principal occupation / Job title (See Instructions) None 9 Employer (See Instructions) Retired Amount of Contribution (\$) 04/11/2024 Schroeck, Pamela Contributor address; City; State; Zip Code 9 Employer (See Instructions) Retired Amount of Contribution (\$) 04/11/2024 Full name of contributor out-of-state PAC (ID#:	The Instruction Guide explains how to complete this form. Sch: 192/252 Rpt: 195/260 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 04/11/2024 5 Full name of contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions) Retired 04/11/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1.50 04/11/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1.50 04/11/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1.50 04/11/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1.50 04/11/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1.50 05/11/2024 Full name of contributor					
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	Doohullo TX 76497		Poolville, TX 76487			
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		None		Retired		

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 193/252 Rpt: 196/260	
2	FILER NAME			3	Filer ID (Ethics Commission I	
-		Blue - Texas		_	00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/11/2024	Schroeck, Pamela				\$1.50
	1	6 Contributor address; City; State; Zip Code		"		
		Poolville, TX 76487	1			
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	None		Retired	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/22/2024	Seaman, Natalie				\$12.50
		Contributor address; City; State; Zip Code]		
	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Los Angeles, CA 90065		Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/22/2024	Seaman, Natalie				\$3.75
		Contributor address; City; State; Zip Code				
┝	Dringing occu	Los Angeles, CA 90065 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Employer (See Instructions Retired	5)		
╞				1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10 EO
	02/22/2024	Seaman, Natalie				\$12.50
		Contributor address; City; State; Zip Code				
		Los Angeles, CA 90065				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	Retired		Retired	5)		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	02/22/2024	Full name of contributor out-of-state PAC (ID#: Seaman, Natalie)			\$3.75
	0212212024					Ψ0.10
		Contributor address; City; State; Zip Code				
		Los Angeles, CA 90065				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L S)		
	Retired		Retired	ς,		
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The I	Instruc	ction Guide explains how to complete t	this for	rm.	1	Total pages Schedule A1: Sch: 194/252 Rpt: 197/260)
2 FILER	NAME				3	Filer ID (Ethics Commission	Filers)
Every	v State I	Blue - Texas				00087094	-
4 Date		5 Full name of contributor out-of-state PAC	C (ID#:)	7	Amount of Contribution (\$)	
03/22	/2024	Seaman, Natalie					\$12.50
		6 Contributor address; City; State; Zip Code			1		
		Los Angeles, CA 90065					
		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
Retire	ed			Retired			
Date		Full name of contributor out-of-state PAC	C (ID#:)	Γ	Amount of Contribution (\$)	
03/22	/2024	Seaman, Natalie					\$3.75
		Contributor address; City; State; Zip Code			1		
Drineir		Los Angeles, CA 90065	<u> </u>		Ĺ		
Princip Retire		pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
					-		
Date		Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	±:0.50
04/22	/2024	Seaman, Natalie					\$12.50
		Contributor address; City; State; Zip Code					
		Los Angeles, CA 90065					
Princip	nal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> נו		
Retire				Retired	,		
Date	-	Full name of contributor out-of-state PAC)	Γ	Amount of Contribution (\$)	
04/22	/2024	Seaman, Natalie	C (ID#			Amount of Contribution (\$)	\$3.75
0		Contributor address; City; State; Zip Code					φ υ τ
		Contributor address, City, State, Zip Code					
		Los Angeles, CA 90065					
Princip	cal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Retire	ed			Retired			
Date		Full name of contributor 🔲 out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
05/22	/2024	Seaman, Natalie					\$12.50
		Contributor address; City; State; Zip Code			1		
		Los Angeles, CA 90065					
Princip	oal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Retire	ed			Retired			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 195/252 Rpt: 198/260	
2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Every State	Blue - Texas			00087094	
4	Date 05/22/2024	 5 Full name of contributor out-of-state PAC (ID#: Seaman, Natalie 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$3.	75
		Los Angeles, CA 90065				
8	Principal occu Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions Retired	;)		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	_
	01/18/2024	Sells, Ashley			\$7.	50
		Contributor address; City; State; Zip Code San Antonio, TX 78258				
┝	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired	9		
╞				_		_
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	~F
	01/18/2024	Sells, Ashley Contributor address; City; State; Zip Code			\$2.	25
		San Antonio, TX 78258				
	Principal occu retired	ipation / Job title (See Instructions)	Employer (See Instructions retired	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/18/2024	Sells, Ashley			\$7.	50
		Contributor address; City; State; Zip Code				
	I	San Antonio, TX 78258				
	Principal occu retired	ipation / Job title (See Instructions)	Employer (See Instructions retired	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/18/2024	Sells, Ashley			\$2.	25
		Contributor address; City; State; Zip Code San Antonio, TX 78258				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired	9		
			Teureu			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 196/252 Rpt: 199/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/18/2024 Sells, Ashley 6 Contributor address; City; State; Zip Code San Antonio, TX 78258 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/18/2024 Sells, Ashley Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/18/2024 Sells, Ashley Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/18/2024 Sells, Ashley Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/18/2024 Sells, Ashley Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

\$7.50

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 197/252 Rpt: 200/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/18/2024 Sells, Ashley 6 Contributor address; City; State; Zip Code San Antonio, TX 78258 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/18/2024 Sells, Ashley Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/18/2024 Sells, Ashley Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/30/2024 \$12.50 Sexton, Janette Contributor address; City; State; Zip Code Pasadena, TX 77503 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Technical Writer/Editor** Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/30/2024 Sexton, Janette Contributor address; City; State; Zip Code Pasadena, TX 77503 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Technical Writer/Editor** Retired

\$2.25

\$7.50

\$2.25

\$3.75

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 198/252 Rpt: 201/260	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Every State I	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/29/2024	Sexton, Janette				\$12.50
	ł	6 Contributor address; City; State; Zip Code		1		
Ļ		Pasadena, TX 77503	1	Ĺ		
8		Ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Technical W		Retired	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	10 7F
	02/29/2024	Sexton, Janette				\$3.75
		Contributor address; City; State; Zip Code				
		Pasadena, TX 77503				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L s)		
	Technical Wi		Retired			
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/30/2024	Sexton, Janette				\$12.50
	,	Contributor address; City; State; Zip Code				
	1					
		Pasadena, TX 77503	1			
		Ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Technical W		Retired	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/30/2024	Sexton, Janette				\$3.75
	1	Contributor address; City; State; Zip Code				
	1					
	1	Pasadena, TX 77503				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L S)		
	Technical Wi		Retired			
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	04/30/2024	Sexton, Janette				\$12.50
	ļ	Contributor address; City; State; Zip Code				
	ļ					
		Pasadena, TX 77503				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Technical W	riter/Editor	Retired			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 199/252 Rpt: 202/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/30/2024 Sexton, Janette \$3.75 6 Contributor address; City; State; Zip Code Pasadena, TX 77503 Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) **Technical Writer/Editor** Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/21/2024 Shepard, Cindy \$5.00 Contributor address; City; State; Zip Code Hurst, TX 76053 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/21/2024 Shepard, Cindy \$1.50 Contributor address; City; State; Zip Code Hurst, TX 76053 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/21/2024 \$5.00 Shepard, Cindy Contributor address; City; State; Zip Code Hurst, TX 76053 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/21/2024 Shepard, Cindy \$1.50 Contributor address; City; State; Zip Code Hurst, TX 76053 Principal occupation / Job title (See Instructions) Employer (See Instructions) Artist Self

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 200/252 Rpt: 203/260	
2	FILER NAME			3	Filer ID (Ethics Commission F	ilers)
	Every State	Blue - Texas			00087094	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/21/2024	Shepard, Cindy				\$5.00
		6 Contributor address; City; State; Zip Code		"		
	Dringing occu	Hurst, TX 76053	- Employer (See Instructions	<u> </u>		
ö	Artist	ipation / Job title (See Instructions)	9 Employer (See Instructions Self	S)		
-				T	tf Opertuikution (Φ)	
	Date 03/21/2024	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1.50
	03/21/2024					ΦT.20
		Contributor address; City; State; Zip Code				
		Hurst, TX 76053				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Artist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/21/2024	Shepard, Cindy				\$5.00
		Contributor address; City; State; Zip Code		"		
	Dringinal agou	Hurst, TX 76053	Employer (See Instructions	<u> </u>		
	Artist	ipation / Job title (See Instructions)	Employer (See Instructions Self	S)		
		Full name of contributor Out-of-state PAC (ID#:		T	Amount of Contribution (¢)	
	Date 04/21/2024	Full name of contributor out-of-state PAC (ID#: Shepard, Cindy)		Amount of Contribution (\$)	\$1.50
	0412112024	Contributor address; City; State; Zip Code				Ψ1.00
		Culturbulur address, City, State, Zip Code				
		Hurst, TX 76053				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Artist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/21/2024	Shepard, Cindy				\$5.00
		Contributor address; City; State; Zip Code		1		
	Duin single agen	Hurst, TX 76053		Ĺ		
	Principal occu Artist	ipation / Job title (See Instructions)	Employer (See Instructions Self	S)		
	Artist		5ell			

SCHEDULE	41
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	The Instru	ction Guide explains how to complet	te this fo	orm.	1	Total pages Schedule A1: Sch: 201/252 Rpt: 204/260	
2	FILER NAME				3	Filer ID (Ethics Commission F	-ilers)
	Every State	Blue - Texas				00087094	
4	Date	5 Full name of contributor out-of-state F	PAC (ID#:)	7	Amount of Contribution (\$)	
	05/21/2024	Shepard, Cindy					\$1.50
		6 Contributor address; City; State; Zip Code					
		Hurst, TX 76053					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Artist			Self			
F	Date	Full name of contributor out-of-state F	PAC (ID#:)		Amount of Contribution (\$)	
	01/21/2024	Sides, Rob					\$2.50
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	retired			none			
F	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	02/21/2024	Sides, Rob					\$2.50
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	retired			none			
F	Date	Full name of contributor out-of-state F	PAC (ID#:)		Amount of Contribution (\$)	
	03/21/2024	Sides, Rob					\$2.50
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	retired			none			
F	Date	Full name of contributor out-of-state F	PAC (ID#:)		Amount of Contribution (\$)	
	04/21/2024	Sides, Rob					\$2.50
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	retired			none			
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The Instruction Guide explains how to complete this form. 1 Total pages Schedule 41: Sch: 202/252 Ppl: 205/260 2 FiLER NAME Every State Blue - Texas 9 Fiel name of contributor	L						
Every State Blue - Texas 00087094 4 Date 5 Full name of contribution		The Instru	ction Guide explains how to complete t	this form.	1		
Every State Blue - Texas 00087094 4 Date 5 Full name of contribution is sides, Rob 7 Amount of Contribution (\$) 5 Gides, Rob 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 8 Principal occupation / Job tite (See instructions) 9 Employer (See instructions) Amount of Contribution (\$) 5 Date Full name of contributor out of state PAC (Der	2	FILER NAME			3	Filer ID (Ethics Commission F	Filers)
05/21/2024 Sides, Rob		Every State	Blue - Texas				-
6 Contributor address; City; State; Zip Code Austin, TX 78701 9 8 Principal occupation / Job title (See Instructions) retired out-of-state PAC (Der	4	Date	5 Full name of contributor out-of-state PAC)	7	Amount of Contribution (\$)	
6 Contributor address: City; State; Zip Code Austin, TX 78701 9 8 Principal occupation / Job title (See Instructions) refred 9 Date Full name of contributor out-of-state PAC (Dir: Amount of Contribution (S) Silverbush, Lori Date Full name of contributor out-of-state PAC (Dir: Amount of Contribution (S) Silverbush, Lori Principal occupation / Job title (See Instructions) Filmmaker Employer (See Instructions) Self Amount of Contribution (S) Silverbush, Lori Date Full name of contributor out-of-state PAC (Dir: Amount of Contribution (S) Silverbush, Lori Contributor address: City; State; Zip Code Brooklyn, NY 11238 Amount of Contribution (S) Silverbush, Lori Principal occupation / Job title (See Instructions) Filmmaker Employer (See Instructions) Self Amount of Contribution (S) Silverbush, Lori O2/16/2024 Full name of contributor out-of-state PAC (Dir: Amount of Contribution (S) Silverbush, Lori O2/16/2024 Full name of contributor out-of-state PAC (Dir: Amount of Contribution (S) Silverbush, Lori O2/16/2024 Full name of contributor out-of-state PAC (Dir: Amount of Contribution (S) Silverbush, Lori O2/16/2024 Full name of contributor out-of-sta		05/21/2024					\$2.50
8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) none Date 01/16/2024 Full name of contributor out-of-state PAC (Dor Contributor, Lori Amount of Contribution (\$) Silverbush, Lori Contributor address; City; State; Zip Code Amount of Contribution (\$) Brooklyn, NY 11238 Employer (See Instructions) Self Amount of Contribution (\$) Date 01/16/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) Date 01/16/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Filmmaker Employer (See Instructions) Self Amount of Contribution (\$) Date 02/16/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) Silverbush, Lori Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Filmmaker Employer (See Instructions) Self Date 02/16/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) Silverbush, Lori <					"		
8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) none Date 01/16/2024 Full name of contributor out-of-state PAC (Dor Contributor, Lori Amount of Contribution (\$) Silverbush, Lori Contributor address; City; State; Zip Code Amount of Contribution (\$) Brooklyn, NY 11238 Employer (See Instructions) Self Amount of Contribution (\$) Date 01/16/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) Date 01/16/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Filmmaker Employer (See Instructions) Self Amount of Contribution (\$) Date 02/16/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) Silverbush, Lori Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Filmmaker Employer (See Instructions) Self Date 02/16/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) Silverbush, Lori <							
8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) none Date 01/16/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) Silverbush, Lori Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Filmmaker Employer (See Instructions) Self Amount of Contribution (\$) Date 01/16/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) Date 01/16/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Filmmaker Employer (See Instructions) Self Amount of Contribution (\$) Date 02/16/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) Silverbush, Lori Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Filmmaker Employer (See Instructions) Self Amount of Contribution (\$) Date 02/16/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip			Austin TV 20201				
retired none Pate Full name of contributor contributor contributor contributor contributor contributor contributor contributor address; City State; Zip Code Principal occupation / Job title (See Instructions) Filmmaker Principal occupation / Job title (See Instructions) Filmmak	Q	Principal occu		Employer (See Instruction			
Date Full name of contributor out-of-state PAC (DF Amount of Contribution (\$) 01/16/2024 Silverbush, Lori \$\$5.00 Contributor address; City; State; Zip Code Silverbush, Lori \$\$5.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (DF Amount of Contribution (\$) 01/16/2024 Silverbush, Lori Contributor address; City; State; Zip Code Amount of Contribution (\$) 01/16/2024 Silverbush, Lori Silverbush, Lori \$\$1.50 Contributor address; City; State; Zip Code Employer (See Instructions) \$\$1.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$\$1.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$\$1.50 02/16/2024 Silverbush, Lori Contributor address; City; State; Zip Code Amount of Contribution (\$) \$\$5.00 Date Full name of contributor out-of-state PAC (DF Amount of Contribution (\$) \$\$1.50 02/16/2024 Silverbush, Lori Contributor address; City; State; Zip Code Amount of Contribution (\$) \$\$1.50	0				15)		
01/16/2024 Silverbush, Lori \$\$5.00 Contributor address; City; State; Zip Code Brooklyn, NY 11238 Principal occupation / Job title (See Instructions) Employer (See Instructions) Fillmmaker Self Date Full name of contributor out-of-state PAC (ID#:					$\overline{}$	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Brooklyn, NY 11238 Principal occupation / Job title (See Instructions) Fillmmaker Date 01/16/2024 Silverbush, Lori Contributor address; City; State; Zip Code Brooklyn, NY 11238 Principal occupation / Job title (See Instructions) Self Amount of Contribution (\$) Silverbush, Lori Contributor address; City; State; Zip Code Brooklyn, NY 11238 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Date 02/16/2024 Full name of contributor Out-of-state PAC (ID#: Self Amount of Contribution (\$) Self Date Brooklyn, NY 11238 Principal occupation / Job title (See Instructions) Filmmaker Date Brooklyn, NY 11238 Principal occupation / Job title (See Instructions) Self Date O2/16/2024 Full name of contributor out-of-state PAC (ID#: <) (ID#:)		Απούηι οι σοητιρατίου (Φ)	\$5.00
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Filmmaker Self Date Full name of contributor out-of-state PAC (D#:) O1/16/2024 Silverbush, Lori			Continuation address, City, State, Zip Could				
Principal occupation / Job title (See Instructions) Filmmaker Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (D#:) O1/16/2024 Silverbush, Lori							
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Brooklyn, NY 11238 Principal occupation / Job title (See Instructions) Filmmaker Employer (See Instructions) Self Date Full name of contributor on out-of-state PAC (ID#:) 02/16/2024 Silverbush, Lori Contributor address; City; State; Zip Code Amount of Contribution (\$) Brooklyn, NY 11238 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		02/10/202 .					ψ0.00
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Brooklyn, NY 11238 Principal occupation / Job title (See Instructions) Employer (See Instructions)		02/16/2024	Silverbush, Lori				\$1.50
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State; Zip Code		"]		
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 203/252 Rpt: 206/260	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	s)
Every State E	3lue - Texas		00087094	
03/16/2024	 5 Full name of contributor out-of-state PAC (ID#: Silverbush, Lori 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$)	\$5.00
	Brooklyn, NY 11238			
8 Principal occup Filmmaker	pation / Job title (See Instructions)	9 Employer (See Instructions) Self)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
03/16/2024	Silverbush, Lori		9	\$1.50
	Contributor address; City; State; Zip Code			
	Brooklyn, NY 11238			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions))	
Filmmaker		Self		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/16/2024	Silverbush, Lori		\$	\$5.00
	Contributor address; City; State; Zip Code			
	Prochus NIV 11990			
	Brooklyn, NY 11238	Englever (Cool Instructions)		
Principal occur Filmmaker	Brooklyn, NY 11238 pation / Job title (See Instructions)	Employer (See Instructions) Self		
Filmmaker Date		Self	Amount of Contribution (\$)	
Filmmaker	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Self	Amount of Contribution (\$)	\$1.50
Filmmaker Date	pation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:)	Self	Amount of Contribution (\$)	<u> </u>
Filmmaker Date 04/16/2024	Full name of contributor out-of-state PAC (ID#:_ Silverbush, Lori Contributor address; City; State; Zip Code Brooklyn, NY 11238	Self)	Amount of Contribution (\$)	\$1.50
Filmmaker Date 04/16/2024	Full name of contributor out-of-state PAC (ID#:	Self	Amount of Contribution (\$)	\$1.50
Filmmaker Date 04/16/2024 Principal occur	Full name of contributor out-of-state PAC (ID#:_ Silverbush, Lori Contributor address; City; State; Zip Code Brooklyn, NY 11238	Self) Employer (See Instructions)	Amount of Contribution (\$) \$) Amount of Contribution (\$)	
Filmmaker Date 04/16/2024 Principal occup Filmmaker	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Silverbush, Lori Contributor address; City; State; Zip Code Brooklyn, NY 11238 pation / Job title (See Instructions)	Self) Employer (See Instructions)	Amount of Contribution (\$) \$) Amount of Contribution (\$)	\$1.50
Filmmaker Date 04/16/2024 Principal occur Filmmaker Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Silverbush, Lori Contributor address; City; State; Zip Code Brooklyn, NY 11238 pation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Silverbush, Lori Contributor address; City; State; Zip Code	Self) Employer (See Instructions)	Amount of Contribution (\$) \$) Amount of Contribution (\$)	
Filmmaker Date 04/16/2024 Principal occur Filmmaker Date 05/16/2024	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Silverbush, Lori Contributor address; City; State; Zip Code Brooklyn, NY 11238 pation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Silverbush, Lori Contributor address; City; State; Zip Code Brooklyn, NY 11238 Brooklyn, NY 11238 Brooklyn, NY 11238	Self 	Amount of Contribution (\$) 9 9 9 9 9 9 9 9 9 9 9 9 9	
Filmmaker Date 04/16/2024 Principal occur Filmmaker Date 05/16/2024	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Silverbush, Lori Contributor address; City; State; Zip Code Brooklyn, NY 11238 pation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Silverbush, Lori Contributor address; City; State; Zip Code	Self) Employer (See Instructions)	Amount of Contribution (\$) 9 9 9 9 9 9 9 9 9 9 9 9 9	

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The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 204/252 Rpt: 207/260	_
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	State Blue - Texas		00087094	
4 Date	te 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
05/16/2024	· · ·		\$1	.50
	6 Contributor address; City; State; Zip Code			
	Brooklyn, NY 11238			
	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
Filmmaker		Self		
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
06/16/2024	Silverbush, Lori		\$5	6.00
	Contributor address; City; State; Zip Code			
	Brooklyn, NY 11238			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Filmmaker		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/16/2024	Silverbush, Lori			50
	Contributor address; City; State; Zip Code		1	
	Brooklyn, NY 11238			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Filmmaker		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/30/2024	Smith, William			.50
	Contributor address; City; State; Zip Code		4	
	Houston, TX 77008			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
02/29/2024	Smith, William			.50
	Contributor address; City; State; Zip Code		4	
	Houston, TX 77008			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	τ δ)	
retired		retired		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 205/252 Rpt: 208/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/30/2024 Smith, William \$0.50 6 Contributor address; City; State; Zip Code Houston, TX 77008 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2024 \$0.50 Smith, William Contributor address; City; State; Zip Code Houston, TX 77008 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/30/2024 Smith, William \$0.50 Contributor address; City; State; Zip Code Houston, TX 77008 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/02/2024 \$5.00 Smokoski, Robert Scott Contributor address; City; State; Zip Code Fort Worth, TX 76164 Principal occupation / Job title (See Instructions) Employer (See Instructions) Investments Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/02/2024 \$5.00 Smokoski, Robert Scott Contributor address; City; State; Zip Code Fort Worth, TX 76164 Principal occupation / Job title (See Instructions) Employer (See Instructions) Investments Self

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 206/252 Rpt: 209/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Every State Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
03/02/2024	Smokoski, Robert Scott		\$5.00
	6 Contributor address; City; State; Zip Code		
	Fort Worth, TX 76164		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Investments		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/02/2024	Smokoski, Robert Scott		\$5.00
	Fort Worth, TX 76164		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Investments		Self	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>)	Amount of Contribution (\$)
05/02/2024	Smokoski, Robert Scott	/	\$5.00
00,02,202.	Contributor address; City; State; Zip Code		+
Principal occu	Fort Worth, TX 76164 pation / Job title (See Instructions)	Employer (See Instructions	
Investments		Self	>)
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>)	Amount of Contribution (\$)
06/02/2024	Smokoski, Robert Scott	/	\$5.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76164		
Principal occu Investments	pation / Job title (See Instructions)	Employer (See Instructions Self))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/10/2024	 Stark, Sharon		\$5.00
	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired	,	Retired	,

			1 Total pages Schedule A1:
The Instru	iction Guide explains how to complete this f	orm.	Sch: 207/252 Rpt: 210/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas	00087094	
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
01/10/2024	Stark, Sharon		\$1.50
	6 Contributor address; City; State; Zip Code	1]
	Frisco, TX 75035		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Retired	, , , , , , , , , , , , , , , , , , ,	Retired	-,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/18/2024	Stark, Sharon		\$5.00
	Contributor address; City; State; Zip Code		4
	Frisco, TX 75035	-	
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/18/2024	Stark, Sharon		\$1.50
	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/10/2024	Stark, Sharon		\$5.00
	Contributor address; City; State; Zip Code		•
	Frisco, TX 75035		<u> </u>
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions	5)
		Retired	1
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/10/2024	Stark, Sharon		\$1.50
	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Retired	•	Retired	
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 208/252 Rpt: 211/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas	00087094	
4 Date 02/18/2024	 5 Full name of contributor out-of-state PAC (ID#: Stark, Sharon 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$)\$5.
	Frisco, TX 75035		
8 Principal occu Retired	upation / Job title (See Instructions)	 9 Employer (See Instructions) Retired)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/18/2024	Stark, Sharon		\$1.
	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions) Retired)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
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Principal occu Retired	Frisco, TX 75035 Ipation / Job title (See Instructions)	Employer (See Instructions) Retired)
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Retired Date 03/10/2024	Full name of contributor out-of-state PAC (ID#:_ Stark, Sharon Contributor address; City; State; Zip Code	Retired	Amount of Contribution (\$) \$1.
Retired Date 03/10/2024 Principal occu	Full name of contributor out-of-state PAC (ID#: Stark, Sharon Contributor address; City; State; Zip Code Frisco, TX 75035	Retired) Employer (See Instructions)	Amount of Contribution (\$) \$1.
Retired Date 03/10/2024 Principal occu Retired Date	Ipation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Stark, Sharon Contributor address; City; State; Zip Code Frisco, TX 75035 Ipation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:_	Retired) Employer (See Instructions)	Amount of Contribution (\$) \$1.
Retired Date 03/10/2024 Principal occu Retired Date	Ipation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Stark, Sharon Contributor address; City; State; Zip Code Frisco, TX 75035 Ipation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Stark, Sharon Stark, Sharon	Retired) Employer (See Instructions)	Amount of Contribution (\$) \$1.
Retired Date 03/10/2024 Principal occu Retired Date 03/18/2024	Ipation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Stark, Sharon Contributor address; City; State; Zip Code Frisco, TX 75035 Ipation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Stark, Sharon Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	Retired) Employer (See Instructions)	Amount of Contribution (\$) \$1. Amount of Contribution (\$) \$5.

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 209/252 Rpt: 212/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas	00087094	
4 Date 03/18/2024	 5 Full name of contributor out-of-state PAC (ID#: Stark, Sharon 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$1.50
	Frisco, TX 75035		
8 Principal occu Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions Retired	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/10/2024	 Stark, Sharon		\$5.00
	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	β)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/10/2024	Stark, Sharon		\$1.50
	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	3)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/18/2024	Stark, Sharon		\$5.00
	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/18/2024	Stark, Sharon		\$1.50
	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	Σ δ)
Retired		Retired	

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 210/252 Rpt: 213/260	
2 FILER NAME	2 FILER NAME		3 Filer ID (Ethics Commission File	ers)
Every State	Every State Blue - Texas		00087094	
4 Date 05/10/2024	 5 Full name of contributor out-of-state PAC (ID#: Stark, Sharon 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$)	\$5.00
	Frisco, TX 75035			
8 Principal occu Retired	pation / Job title (See Instructions)	 9 Employer (See Instructions) Retired)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/10/2024	Stark, Sharon		:	\$1.50
	Contributor address; City; State; Zip Code			
	Frisco, TX 75035			
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/18/2024	Stark, Sharon		:	\$5.00
	Contributor address; City; State; Zip Code			
	Frisco, TX 75035			
Principal occu	Frisco, TX 75035 pation / Job title (See Instructions)	Employer (See Instructions))	
Principal occu Retired		Employer (See Instructions) Retired)	
		Retired	Amount of Contribution (\$)	\$1.50
Retired Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Retired	Amount of Contribution (\$)	\$1.50
Retired Date 05/18/2024	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Stark, Sharon Contributor address; City; State; Zip Code Frisco, TX 75035	Retired)	Amount of Contribution (\$)	\$1.50
Retired Date 05/18/2024	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Retired	Amount of Contribution (\$)	\$1.50
Retired Date 05/18/2024 Principal occu Retired Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Retired) Employer (See Instructions)	Amount of Contribution (\$)	
Retired Date 05/18/2024 Principal occu Retired	pation / Job title (See Instructions) Full name of contributorout-of-state PAC (ID#: Stark, Sharon Contributor address; City; State; Zip Code Frisco, TX 75035 pation / Job title (See Instructions)	Retired) Employer (See Instructions)	Amount of Contribution (\$)	\$1.50
Retired Date 05/18/2024 Principal occu Retired Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Retired) Employer (See Instructions)	Amount of Contribution (\$)	
Retired Date 05/18/2024 Principal occu Retired Date	pation / Job title (See Instructions) Full name of contributorout-of-state PAC (ID#:Stark, Sharon Contributor address; City; State; Zip Code Frisco, TX 75035 pation / Job title (See Instructions) Full name of contributorout-of-state PAC (ID#:Stark, Sharon	Retired) Employer (See Instructions)	Amount of Contribution (\$)	
Retired Date 05/18/2024 Principal occu Retired Date 06/10/2024	pation / Job title (See Instructions) Full name of contributor Stark, Sharon Contributor address; City; State; Zip Code Frisco, TX 75035 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Stark, Sharon Contributor address; City; State; Zip Code	Retired) Employer (See Instructions)	Amount of Contribution (\$)	

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The Instru	ction Guide explains how to complet	te this form.	1 Total pages Schedule A1: Sch: 211/252 Rpt: 214/260
2 FILER NAME	FILER NAME		3 Filer ID (Ethics Commission Filers)
	State Blue - Texas		00087094
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
06/10/2024	Stark, Sharon		\$1.50
	6 Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
	ipation / Job title (See Instructions)	9 Employer (See Instruction	IS)
Retired		Retired	.
Date		PAC (ID#:)	Amount of Contribution (\$)
06/18/2024			\$5.00
	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instruction	 ()
Retired		Retired	
Date	Full name of contributor Out-of-state		Amount of Contribution (\$)
06/18/2024	Stark, Sharon	PAC (10#)	\$1.50
	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
-	ipation / Job title (See Instructions)	Employer (See Instruction	ls)
Retired		Retired	
Date	Full name of contributor out-of-state I	PAC (ID#:)	Amount of Contribution (\$)
01/18/2024	Stoker, Tana		\$5.00
	Contributor address; City; State; Zip Code		
	Arlington, TX 76017		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	
Retired libra		Retired from FWISD	(5)
			Amount of Contribution (\$)
Date 01/18/2024	Full name of contributor out-of-state I Stoker, Tana	PAC (ID#:)	\$1.50
01110/202 .	Contributor address; City; State; Zip Code		
	Arlington, TX 76017		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	 1S)
Retired libra	rian	Retired from FWISD	
		I	

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The Instru	ction Guide explains how to complete th	uis form.	1 Total pages Schedule A1: Sch: 212/252 Rpt: 215/260
2 FILER NAME	ER NAME		3 Filer ID (Ethics Commission Filers)
	e Blue - Texas		00087094
4 Date	-		7 Amount of Contribution (\$)
02/18/2024	Stoker, Tana		\$5.00
	6 Contributor address; City; State; Zip Code		
- · · ·	Arlington, TX 76017		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Retired libra		Retired from FWISD	
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)
02/18/2024			\$1.50
	Contributor address; City; State; Zip Code		
	Arlington, TX 76017		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	(ع)
Retired libra		Retired from FWISD	5)
Date	Full name of contributor out-of-state PAC (Amount of Contribution (\$)
03/18/2024	Stoker, Tana	ID#/	\$5.00
	Contributor address; City; State; Zip Code		
	Arlington, TX 76017		
-	ipation / Job title (See Instructions)	Employer (See Instructions	S)
Retired libra	rian	Retired from FWISD	
Date	Full name of contributor 🔲 out-of-state PAC ((ID#:)	Amount of Contribution (\$)
03/18/2024	Stoker, Tana		\$1.50
	Contributor address; City; State; Zip Code		
	Arlington, TX 76017		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>
Retired libra		Retired from FWISD	-,
Date	Full name of contributor out-of-state PAC ((ID#·)	Amount of Contribution (\$)
04/18/2024	Stoker, Tana	μμπ,	\$5.00
	Contributor address; City; State; Zip Code		
	Arlington, TX 76017		
	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Retired libra	rian	Retired from FWISD	

	The Instru	ction Guide explains how to co	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 213/252 Rpt: 216/260	
2	FILER NAME	E			3	Filer ID (Ethics Commission F	ilers)
	Every State	Blue - Texas				00087094	
4	Date	Date 5 Full name of contributor out-of-state PAC (ID#:))	7	Amount of Contribution (\$)	
	04/18/2024	Stoker, Tana					\$1.50
	I	6 Contributor address; City; State; Zi					
	I						
	I						
Ļ	Dringing occu	Arlington, TX 76017 Ipation / Job title (See Instructions)		9 Employer (See Instructions	$\sum_{i=1}^{n}$		
0	Retired librar			Retired from FWISD)		
╞					_	Amount of Contribution (\$)	
	Date 05/18/2024	Stoker, Tana	it-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	00/10/2024						ψ0.00
	I	Contributor address; City; State; Zi	p Coue				
	l						
	I	Arlington, TX 76017					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Retired librar	rian		Retired from FWISD			
╞	Date	Full name of contributor	it-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/18/2024	Stoker, Tana					\$1.50
	I	Contributor address; City; State; Zi	p Code				
	I						
	I	Adiantes TV 76017					
	Drizpingl opp	Arlington, TX 76017		Employer (Cap Instructions	Ļ		
	Retired librar	ipation / Job title (See Instructions) rian		Employer (See Instructions Retired from FWISD)		
╞					—	Amount of Contribution (ft)	
	Date 06/18/2024	Full name of contributor out	it-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	00/10/2024						φυ.υυ
	I	Contributor address; City; State; Zip	p Coue				
	l						
	I	Arlington, TX 76017					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Retired librar	rian		Retired from FWISD			
	Date	Full name of contributor	it-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/18/2024	Stoker, Tana					\$1.50
	I	Contributor address; City; State; Zi	p Code				
	l						
	I	Adiantes TV 76017					
	Deir sinel oog	Arlington, TX 76017		Englisher (Cas Instructions	ŕ		
	Principal occu Retired librai	ipation / Job title (See Instructions)		Employer (See Instructions Retired from FWISD)		
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	The Instru	ction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 214/252 Rpt: 217/260	
2	FILER NAME			_	Filer ID (Ethics Commission F	Filers)
_		Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#	k)	7	Amount of Contribution (\$)	
	01/10/2024	Sutton, Susan				\$5.00
		6 Contributor address; City; State; Zip Code		"		
		Austin, TX 78701				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	IS)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#	+:)	Τ	Amount of Contribution (\$)	
	01/10/2024	Sutton, Susan				\$1.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	1S)		
	Retired		Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#		Τ	Amount of Contribution (\$)	
	02/10/2024	Sutton, Susan	·,			\$5.00
	•					T-
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 1S)		
	Retired		Retired			
╞	Date	Full name of contributor out-of-state PAC (ID#		Τ	Amount of Contribution (\$)	
	02/10/2024	Sutton, Susan	·/		Allount of Contribution (+)	\$1.00
	02,20,202	Contributor address; City; State; Zip Code				*=
		Austin, TX 78701				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Retired	,		
⊢	Date	Full name of contributor out-of-state PAC (ID#		$\overline{}$	Amount of Contribution (\$)	
	03/10/2024	Sutton, Susan	·,			\$5.00
	00,20.222	Contributor address; City; State; Zip Code				** ****
		Continuation address, City, State, Zip Code				
		Austin, TX 78701				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Retired	10)		
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 215/252 Rpt: 218/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State I	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
03/10/2024	Sutton, Susan		\$1.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Retired	1	Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/10/2024	Sutton, Susan		\$5.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78701		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired	1	Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/10/2024	Sutton, Susan		\$1.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/10/2024	Sutton, Susan		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/10/2024	Sutton, Susan		\$5.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1:
			Sch: 216/252 Rpt: 219/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor Out-of-state PAC (ID#)	7 Amount of Contribution (\$)
06/10/2024			\$1.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78701		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions)	<u> </u> ;)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
01/11/2024			\$5.00
	Contributor address; City; State; Zip Code		
	College Station, TX 77845		
-	upation / Job title (See Instructions)	Employer (See Instructions)	
	pplication Development	Reynolds and Reynolds	
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
01/11/2024			\$1.50
	Contributor address; City; State; Zip Code		
	College Station, TX 77845		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	() ()
-	pplication Development	Reynolds and Reynolds	,
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
02/11/2024			\$5.00
	Contributor address; City; State; Zip Code		
	College Station, TX 77845		
	upation / Job title (See Instructions)	Employer (See Instructions)	,
	pplication Development	Reynolds and Reynolds	
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
02/11/2024			\$1.50
	Contributor address; City; State; Zip Code		
	College Station, TX 77845		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
	pplication Development	Reynolds and Reynolds	
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1	Total pages Schedule A1:
	Sch: 217/252 Rpt: 220/260
3	B Filer ID (Ethics Commission Filers)
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) 7	Amount of Contribution (\$)
	\$5.0
eynolds and Reynolds	
)	Amount of Contribution (\$)
	\$1.5
	Amount of Contribution (\$)
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nployer (See Instructions)	
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	nployer (See Instructions) eynolds and Reynolds

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The Instrue	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 218/252 Rpt: 221/260)
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
Every State	Blue - Texas			00087094	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
05/11/2024	Tesch, Steve				\$1.50
l	6 Contributor address; City; State; Zip Code		1		
I		ļ			
I		ļ			
I	College Station, TX 77845				
	upation / Job title (See Instructions)	9 Employer (See Instructions)			
Manager Ap	pplication Development	Reynolds and Reynolds	3		
Date	Full name of contributor out-of-state PAC (ID#:)]	Γ	Amount of Contribution (\$)	
06/11/2024	Tesch, Steve	ļ			\$5.00
	Contributor address; City; State; Zip Code		1		
		ļ			
1		ļ			
 	College Station, TX 77845				
	upation / Job title (See Instructions)	Employer (See Instructions)			
Manager Ap	pplication Development	Reynolds and Reynolds	3		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
06/11/2024	Tesch, Steve	ļ			\$1.50
l	Contributor address; City; State; Zip Code		1		
1		ļ			
		ļ			
	College Station, TX 77845				
-	upation / Job title (See Instructions)	Employer (See Instructions)			
Manager Ap	pplication Development	Reynolds and Reynolds	3		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
01/11/2024	Thompson, Ramona				\$12.50
1	Contributor address; City; State; Zip Code]	1		
		ļ			
1		ļ			
	Frisco, TX 75036		Ļ		
-	upation / Job title (See Instructions)	Employer (See Instructions)	s)		
retired		retired	_		
Date	Full name of contributor out-of-state PAC (ID#:)]	Amount of Contribution (\$)	
02/11/2024	Thompson, Ramona]			\$12.50
1	Contributor address; City; State; Zip Code				
1		ļ			
1	Friend TV 75036	ļ			
Drizzinal acou	Frisco, TX 75036		<u> </u>		
-	upation / Job title (See Instructions)	Employer (See Instructions)	3)		
retired		retired			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 219/252 Rpt: 222/260	
2	FILER NAME			3	Filer ID (Ethics Commission I	Filers)
		Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/11/2024	Thompson, Ramona				\$12.50
		6 Contributor address; City; State; Zip Code		"		
		Frisco, TX 75036				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	retired		retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	04/11/2024	Thompson, Ramona				\$12.50
				·		
		Frisco, TX 75036				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired	-,		
⊢	Date	Full name of contributor Out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
	Dale 06/11/2024	Full name of contributor out-of-state PAC (ID#: Thompson, Ramona)			\$12.50
	00/11/2024					Φ12.00
		Contributor address; City; State; Zip Code				
		Frisco, TX 75036				
\vdash	Dringing oog		Employer (Cool Instructions	<u> </u>		
	Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions retired	S)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/13/2024	Tippit, Virginia				\$12.50
		Contributor address; City; State; Zip Code]		
		Austin, TX 78757				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	03/13/2024	Tippit, Virginia				\$3.75
		Contributor address; City; State; Zip Code		"		
		· · ·				
		Austin, TX 78757				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired	1	Retired			
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The Ins	truction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 220/252 Rpt: 223/260	
2 FILER NA	ME		3 Filer ID (Ethics Commission Fi	ilers)
	ate Blue - Texas		00087094	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/13/202				\$12.50
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78757			
8 Principal c	occupation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:	t)	Amount of Contribution (\$)	
04/13/202				\$3.75
	Austin, TX 78757			
Principal c	Decupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Retired	······································	Retired		
	Full name of contributor		Amount of Contribution (\$)	
Date 05/13/202	Full name of contributor out-of-state PAC (ID#:	:	Amount of Contribution (\$)	\$12.50
03131207				ΦΤΖ. ΟΟ
	Contributor address; City; State; Zip Code			
	Austin TV 70757			
Dringingly	Austin, TX 78757		<u> </u>	
Principal o Retired	occupation / Job title (See Instructions)	Employer (See Instructions	\$)	
Reureu		Retired		
Date	Full name of contributor Dout-of-state PAC (ID#:	t:)	Amount of Contribution (\$)	
05/13/202	24 Tippit, Virginia			\$3.75
	Contributor address; City; State; Zip Code			
	Austin, TX 78757			
	occupation / Job title (See Instructions)	Employer (See Instructions	<u>(</u> ز	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:	·	Amount of Contribution (\$)	
06/13/202	24 Tippit, Virginia			\$12.50
	Contributor address; City; State; Zip Code			
	Austin, TX 78757			
Principal c	Deccupation / Job title (See Instructions)	Employer (See Instructions	۱ ۶)	
Retired	•	Retired	,	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 221/252 Rpt: 224/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date 06/13/2024	 5 Full name of contributor out-of-state PAC (ID#: Tippit, Virginia 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$3.75
Principal occu	Austin, TX 78757 upation / Job title (See Instructions)	9 Employer (See Instructions	a 1
Retired		Retired	>)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/08/2024	VanDenberg, Audrey		\$5.00
	Contributor address; City; State; Zip Code		
 	Lancaster, CA 93534		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/30/2024	VanDenberg, Audrey		\$0.50
	Contributor address; City; State; Zip Code		
	Lancaster, CA 93534		
Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions retired	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/30/2024	VanDenberg, Audrey		\$1.00
	Contributor address; City; State; Zip Code		
	Lancaster, CA 93534		
Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions retired	\$)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/08/2024	VanDenberg, Audrey		\$5.00
	Contributor address; City; State; Zip Code		
	Lancaster, CA 93534		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
retired	· · · · ·	retired	
		I	

The Instruction Guide explains how to complete this form. Sch: 2 FILER NAME 3 Filer II Every State Blue - Texas 0008' 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amou 02/29/2024 5 Full name of contributor out-of-state PAC (ID#:) 7 Amou 02/29/2024 6 Contributor address; City; State; Zip Code 7 Amou 8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) retired 9	pages Schedule A1: 222/252 Rpt: 225/260 D (Ethics Commission Filers) 7094 Int of Contribution (\$) \$0.50
Every State Blue - Texas 0008 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 02/29/2024 5 Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code 7 6 Contributor address; City; State; Zip Code Lancaster, CA 93534 9 Employer (See Instructions) retired	7094 Int of Contribution (\$)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amou 02/29/2024 5 Full name of contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code 7 Amou 6 Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) retired 8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) retired	int of Contribution (\$)
02/29/2024 VanDenberg, Audrey 6 Contributor address; City; State; Zip Code Lancaster, CA 93534 8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) retired	
6 Contributor address; City; State; Zip Code Lancaster, CA 93534 Principal occupation / Job title (See Instructions) retired Principal occupation / Job title (See Instructions) retired	\$0.50
6 Contributor address; City; State; Zip Code Lancaster, CA 93534 8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) retired	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired	
retired retired	
Data I Full name of contributor I Louis of state DAC (ID4)	int of Contribution (¢)
Date Full name of contributor out-of-state PAC (ID#:) Amou 02/29/2024 VanDenberg, Audrey	int of Contribution (\$) \$1.00
	ψ1.00
Contributor address; City; State; Zip Code	
Lancaster, CA 93534	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
retired retired	
Date Full name of contributor out-of-state PAC (ID#:) Amou	Int of Contribution (\$)
03/30/2024 VanDenberg, Audrey	\$0.50
Contributor address; City; State; Zip Code	
Lancaster, CA 93534	
Principal occupation / Job title (See Instructions) Employer (See Instructions) retired	
	Int of Contribution (\$)
03/30/2024 VanDenberg, Audrey	\$1.00
Contributor address; City; State; Zip Code	
Lancaster, CA 93534	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
······································	
retired retired	
retired	Int of Contribution (\$)
retired retired	Int of Contribution (\$) \$0.50
retired retired Date Full name of contributor out-of-state PAC (ID#:) Amou	
retired retired Date Full name of contributor out-of-state PAC (ID#:) 04/30/2024 VanDenberg, Audrey	.,
retired retired Date Full name of contributor out-of-state PAC (ID#:) 04/30/2024 VanDenberg, Audrey Contributor address; City; State; Zip Code	.,
retired retired Date Full name of contributor out-of-state PAC (ID#:) Amou 04/30/2024 VanDenberg, Audrey Contributor address; City; State; Zip Code Amou Lancaster, CA 93534 Lancaster, CA 93534 Image: Contributor address Image: Contributor address	.,
retired retired Date Full name of contributor out-of-state PAC (ID#:) 04/30/2024 VanDenberg, Audrey Contributor address; City; State; Zip Code	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 223/252 Rpt: 226/260
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Every State B	3lue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
04/30/2024	VanDenberg, Audrey		\$1.00
	6 Contributor address; City; State; Zip Code		1
	Lancaster, CA 93534		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2024	VanDenberg, Audrey		\$0.50
	Contributor address; City; State; Zip Code		1
	Lancaster, CA 93534		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2024	VanDenberg, Audrey		\$1.00
	Contributor address; City; State; Zip Code		1
	Lancaster, CA 93534		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/24/2024	Velasquez, Bailey		\$10.00
	Contributor address; City; State; Zip Code		1
	I		
	Dallas, TX 75216	<u> </u>	
	pation / Job title (See Instructions)	Employer (See Instructions	
Housekeepe		Velasquez Cleaning Ser	-
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/24/2024	Velasquez, Bailey		\$10.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75216	1	
	pation / Job title (See Instructions)	Employer (See Instructions	
Housekeepe	ſ	Velasquez Cleaning Se	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 224/252 Rpt: 227/260	
2 FILER NAME			3 Filer ID (Ethics Commission Filers))
Every State	Blue - Texas		00087094	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
01/02/2024	Vidouria, Christine			2.50
	6 Contributor address; City; State; Zip Code		1	
	San Antonio, TX 78230			
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Physician		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/02/2024	Vidouria, Christine		\$3	3.75
	Contributor address; City; State; Zip Code		1	
	San Antonio, TX 78230	 		
	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician		Self		
Date	—)	Amount of Contribution (\$)	
02/02/2024	Vidouria, Christine		\$12	2.50
	Contributor address; City; State; Zip Code]	
	Can Antonia TV 70220			
Dringing occu	San Antonio, TX 78230 Ipation / Job title (See Instructions)	Employer (Soo Instructions	~\	
Philipai occu Physician		Employer (See Instructions Self	5)	
-		Jeli		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	- 7E
02/02/2024	Vidouria, Christine		ې ب	3.75
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78230			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		Self	~,	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
03/02/2024	Vidouria, Christine		.,	2.50
00.02.22	Contributor address; City; State; Zip Code		•	
	San Antonio, TX 78230			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician		Self		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 225/252 Rpt: 228/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
03/02/2024	Vidouria, Christine		\$3.75
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78230		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Physician		Self	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/02/2024	Vidouria, Christine)	\$12.50
0 11 02/2021	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	San Antonio, TX 78230		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Physician		Self	
-			Amount of Contribution (A)
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$) \$3.75
04/02/2024	Vidouria, Christine		φ3.75
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78230		
Drinoinal agou	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Physician		Employer (See Instructions Self	>/
-		361	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/02/2024	Vidouria, Christine		\$12.50
	Contributor address; City; State; Zip Code		
	Con Antonio TV 70220		
Deinsinglasse	San Antonio, TX 78230	England (On a landaution	
	pation / Job title (See Instructions)	Employer (See Instructions	8)
Physician		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/02/2024	Vidouria, Christine		\$3.75
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78230		
-	pation / Job title (See Instructions)	Employer (See Instructions	5)
Physician		Self	

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 226/252 Rpt: 229/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
06/02/2024	Vidouria, Christine		\$12.50
	6 Contributor address; City; State; Zip Code		
	· · ·		
	San Antonio, TX 78230		
	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Physician		Self	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
06/02/2024	Vidouria, Christine		\$3.75
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78230		
	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Physician		Self	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
01/30/2024	Vunderink, Gregg		\$5.00
	Contributor address; City; State; Zip Code		
	Austin TV 70704		
Dringing oog	Austin, TX 78704 Ipation / Job title (See Instructions)	Employer (See Instructions	
Principal occu N/A	pation / Job lue (See instructions)	Employer (See Instructions N/A	3)
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
01/30/2024	Vunderink, Gregg		\$1.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78704		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
N/A		N/A	<i>''</i>
	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 02/29/2024	Full name of contributor Out-of-state PAC (ID#: Vunderink, Gregg		\$5.00
ULILJILULA	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Austin, TX 78704		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
N/A		N/A	,

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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 228/252 Rpt: 231/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/30/2024	Vunderink, Gregg		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78704		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)
N/A		N/A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2024			\$1.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78704		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
N/A		N/A	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
01/30/2024	Waddell, Chris		\$5.00
	Contributor address; City; State; Zip Code		•
	Frisco, TX 75036		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
human resou	Jrces	N/A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/30/2024	Waddell, Chris		\$1.50
	Contributor address; City; State; Zip Code		
	Frisco, TX 75036		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
human resou		N/A	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
02/29/2024	Waddell, Chris	/	\$5.00
	Contributor address; City; State; Zip Code		•
I	Frisco, TX 75036		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
human resou	urces	N/A	
		·	

Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 229/252 Rpt: 232/260
		3 Filer ID (Ethics Commission Filers)
Texas		00087094
ull name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
/addell, Chris		\$1.50
ontributor address; City; State; Zip Code		
risco, TX 75036		
/ Job title (See Instructions)	9 Employer (See Instructions))
	N/A	
—)	Amount of Contribution (\$)
/addell, Chris		\$5.00
ontributor address; City; State; Zip Code		
/ Job title (See Instructions))
	l	1
ull name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
		\$1.50
ontributor address; City; State; Zip Code		
ricco TY 75036		
	Employer (See Instructions)	
)
	<u> </u>	
)	Amount of Contribution (\$)
		\$5.00
ontributor address; City; State; Zip Code		
risco TX 75036		
	Employer (See Instructions)	<u>لــــــــــــــــــــــــــــــــــــ</u>
)
ull name of contributor	l	Amount of Contribution (\$)
	/	\$1.50
		·
Jillibului audress, City, State, Zip Code		
risco. TX 75036		
	1	
/ Job title (See Instructions)	Employer (See Instructions))
	Employer (See Instructions))
		·)
	Texas II name of contributor out-of-state PAC (ID#:_/addell, Chris ontributor address; City; State; Zip Code iisco, TX 75036 / Job title (See Instructions) ull name of contributor out-of-state PAC (ID#:_/addell, Chris ontributor address; City; State; Zip Code iisco, TX 75036 / Job title (See Instructions) ull name of contributor iisco, TX 75036 / Job title (See Instructions) ull name of contributor ull name of contributor	Texas all name of contributor out-of-state PAC (ID#:) faddell, Chris ontributor address; City; State; Zip Code isco, TX 75036 / Job title (See Instructions) all name of contributor out-of-state PAC (ID#:) raddell, Chris ontributor address; City; State; Zip Code isco, TX 75036 / Job title (See Instructions) II name of contributor out-of-state PAC (ID#:) raddell, Chris ontributor address; City; State; Zip Code isco, TX 75036 / Job title (See Instructions) Employer (See Instructions) II name of contributor out-of-state PAC (ID#:) raddell, Chris ontributor address; City; State; Zip Code isco, TX 75036 / Job title (See Instructions) II name of contributor out-of-state PAC (ID#:) raddell, Chris ontributor address; City; State; Zip Code isco, TX 75036 / Job title (See Instructions) Employer (See Instructions) N/A II name of contributor<

The Ins	struction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 230/252 Rpt: 233/260	
2 FILER N	AME		3 Filer ID (Ethics Commission File	ers)
Every S	ate Blue - Texas		00087094	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/20	024 Waddell, Chris			\$5.00
	6 Contributor address; City; State; Zip Code		•	
	Frisco, TX 75036			
	occupation / Job title (See Instructions)	9 Employer (See Instructions	s)	
human ı	esources	N/A		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/20	024 Waddell, Chris			\$1.50
	Contributor address; City; State; Zip Code		1	
	Frisco, TX 75036	1 _ · · ·		
	occupation / Job title (See Instructions)	Employer (See Instructions	5)	
numann	esources	N/A		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/30/20				\$5.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75230			
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	s)	
Practice	Manager	David E. Weber O.D. F	P.C.	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/29/20	024 Weber, Angela			\$5.00
	Contributor address; City; State; Zip Code		1	
	D-# TV 75000			
Dringing	Dallas, TX 75230		<u> </u>	
-	occupation / Job title (See Instructions) Manager	Employer (See Instructions David E. Weber O.D. F	,	
			-	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷= 00
03/30/20				\$5.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75230			
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
-	Manager	David E. Weber O.D. F		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 231/252 Rpt: 234/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/30/2024 Weber, Angela \$5.00 6 Contributor address; City; State; Zip Code Dallas, TX 75230 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Practice Manager David E. Weber O.D. P.C. Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/30/2024 \$2.50 Wellborn, Elizabeth Contributor address; City; State; Zip Code Cary, NC 27511 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/30/2024 Wellborn, Elizabeth \$2.50 Contributor address; City; State; Zip Code Cary, NC 27511 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/18/2024 \$2.50 White, Lance Contributor address; City; State; Zip Code Copperas Cove, TX 76522 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/18/2024 White, Lance \$1.00 Contributor address; City; State; Zip Code Copperas Cove, TX 76522 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 232/252 Rpt: 235/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date 02/18/2024	5 Full name of contributor out-of-state PAC (ID#: White, Lance)	7 Amount of Contribution (\$)\$2.50
	6 Contributor address; City; State; Zip Code		
0 Dringingloggy	Copperas Cove, TX 76522	C Employer (Coo Instructions	
8 Principal occu Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions Retired	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/18/2024	White, Lance		\$1.00
	Contributor address; City; State; Zip Code		
	Copperas Cove, TX 76522		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/18/2024	White, Lance		\$2.50
	Contributor address; City; State; Zip Code Copperas Cove, TX 76522		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/18/2024	White, Lance		\$1.00
	Contributor address; City; State; Zip Code		
	Copperas Cove, TX 76522		
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	\$)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/18/2024	White, Lance		\$2.50
	Contributor address; City; State; Zip Code Copperas Cove, TX 76522		
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Retired		Retired	
		<u> </u>	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 233/252 Rpt: 236/260	
2	FILER NAME			3	Filer ID (Ethics Commission File	ers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/18/2024	White, Lance				\$1.00
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Copperas Cove, TX 76522				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/18/2024	White, Lance				\$2.50
		Contributor address; City; State; Zip Code				
		Copperas Cove, TX 76522				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/18/2024	White, Lance				\$1.00
		Contributor address; City; State; Zip Code				
		Copperas Cove, TX 76522				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/18/2024	White, Lance				\$2.50
		Contributor address; City; State; Zip Code				
		Copperas Cove, TX 76522				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/18/2024	White, Lance				\$1.00
		Contributor address; City; State; Zip Code		1		
		Copperas Cove, TX 76522				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
I						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 234/252 Rpt: 237/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/09/2024	Williams, Genevieve		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Houston, TX 77084		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/09/2024	Williams, Genevieve		\$1.50
	Contributor address; City; State; Zip Code		1
	Houston, TX 77084		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/09/2024	Williams, Genevieve		\$5.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77084		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/09/2024	Williams, Genevieve		\$1.50
	Contributor address; City; State; Zip Code		1
	Houston, TX 77084		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	»)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/09/2024	Williams, Genevieve		\$5.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77084		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired		Retired	

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 235/252 Rpt: 238/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
03/09/2024	Williams, Genevieve		\$1.50
	6 Contributor address; City; State; Zip Code		1
	Houston, TX 77084		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/09/2024	Williams, Genevieve		\$5.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77084		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/09/2024	Williams, Genevieve		\$1.50
	Contributor address; City; State; Zip Code		1
	Houston, TX 77084		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/09/2024	Williams, Genevieve		\$5.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77084	-	
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/09/2024	Williams, Genevieve		\$1.50
	Contributor address; City; State; Zip Code		
	Houston, TX 77084		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired		Retired	

			1
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 236/252 Rpt: 239/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/09/2024	Williams, Genevieve		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Houston, TX 77084		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/09/2024	Williams, Genevieve		\$1.50
	Contributor address; City; State; Zip Code		•
	Houston, TX 77084		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Retired	,	Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
01/28/2024	Williams, Sherry	/	\$2.50
01/20/2024			·
	Contributor address; City; State; Zip Code		
	Bay City, TX 77414		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Real estate		Self	<i>"</i>
			Amount of Contribution (\$)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/28/2024	Williams, Sherry		\$2.50
	Contributor address; City; State; Zip Code		
	D. O.L. TV 77414		
Drinsing ago	Bay City, TX 77414		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Real estate a		Self	.
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/28/2024	Williams, Sherry		\$2.50
	Contributor address; City; State; Zip Code		
	Bay City, TX 77414		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Real estate	agent	Self	

The Instruction Guide explains how to complete this form. 1 Total pages Solution 240/260 2 FILER NAME Every State Blue - Texas 9 Flut name of contributor				
Every State Blue - Texas 00087094 4 Date 5 Full name of contribution uncel-state PAC (Der) 7 Amount of Contribution (\$) 04/28/2024 6 Contribution address; City; State: Zip Code 5 Employer (See Instructions) Self 7 Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) Real estate agent 9 Employer (See Instructions) Self Amount of Contribution (\$) Date Full name of contributor out-d-state PAC (Der	The Instru	ction Guide explains how to complete this f	orm.	
Every State Blue - Texas 00087094 4 Date 9 Full name of contributor out-ot-state PAC (Ds:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
04/28/2024 Williams, Sherry \$2.50 6 Contributor address; City; State; Zip Code \$2.50 8 Principal occupation / Job tite (See Instructions) \$2 Bay City, TX 77414 \$2.50 Date Full name of contributor out-ot-state PAC (DBI 05/28/2024 Williams, Sherry Amount of Contribution (\$) Contributor address; City; State; Zip Code Self Principal occupation / Job tite (See Instructions) Employer (See Instructions) Real estate agent Self Date Full name of contributor out-of-state PAC (DBI O1/21/2024 Full name of contributor out-of-state PAC (DBI Vilson, Russty Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job tite (See Instructions) Employer (See Instructions) St.50 Principal occupation / Job tite (See Instructions) Practice Partners LLC Amount of Contribution (\$) Principal occupation / Job tite (See Instructions) Employer (See Instructions) St.50 Out-of-state PAC (DBI Practice Partners LLC Amount of Contribution (\$) \$1.50 O1/21/2024 Wilson, Russy Employer (See In	Every State	Blue - Texas		00087094
04/28/2024 Williams, Sherry \$2.50 6 Contributor address; City: State; Zip Code \$3 8 Principal occupation / Job tille (See Instructions) \$4 7 Real estate agent \$1 05/28/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 05/28/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 05/28/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 05/28/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 01/21/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 01/21/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 01/21/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 01/21/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 01/21/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 01/21/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribu	4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
 Contributor address; City, State; Zip Code Bay City, TX 77414 Principal occupation / Job title (See Instructions) Self Date O5/28/2024 Williams; Sherry Contributor address; City; State; Zip Code Bay City, TX 77414 Principal occupation / Job title (See Instructions) Real estate agent Principal occupation / Job title (See Instructions) Real estate agent Self Date ol J21/2024 Wilson, Rusty Contributor address; City; State; Zip Code Wilson, Rusty Contributor address; City; State; Zip Code Washington, DC 20001 Principal occupation / Job title (See Instructions) Business process outsourcing Employer (See Instructions) Full name of contributor address; City; State; Zip Code Wilson, Rusty Contributor addre	04/28/2024			
Bay City, TX 77414 9 Employer (See Instructions) Self Date Full name of contributor control cont control control control contro control contro control c				
B Principal occupation / Job title (See Instructions) Real estate agent 9 Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#;) (Sr/28/2024 Amount of Contribution (\$) \$2.50 Date Full name, Sherry Self Amount of Contribution (\$) \$2.50 Date Bay City, TX 77414 Employer (See Instructions) Bay City, TX 77414 Amount of Contribution (\$) \$2.50 Date Full name of contributor out-of-state PAC (ID#;) Out-of-state PAC (ID#;) Amount of Contribution (\$) \$2.50 Date Full name of contributor out-of-state PAC (ID#;) Amount of Contribution (\$) \$5.00 01/21/2024 Wilson, Rusty Employer (See Instructions) Practice Partners LLC Amount of Contribution (\$) \$5.00 Date Full name of contributor out-of-state PAC (ID#;) Practice Partners LLC Amount of Contribution (\$) \$1.50 Duries Full name of contributor out-of-state PAC (ID#;) Amount of Contribution (\$) \$1.50 01/21/2024 Full name of contributor out-of-state PAC (ID#;) Amount of Contribution (\$) \$1.50 01/21/2024 Waishington, DC 20001 Employer (See Instructions) Practice Partners LLC				
B Principal occupation / Job title (See Instructions) Real estate agent 9 Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#;) (Sr/28/2024 Amount of Contribution (\$) \$2.50 Date Full name, Sherry Self Amount of Contribution (\$) \$2.50 Date Bay City, TX 77414 Employer (See Instructions) Bay City, TX 77414 Amount of Contribution (\$) \$2.50 Date Full name of contributor out-of-state PAC (ID#;) Out-of-state PAC (ID#;) Amount of Contribution (\$) \$2.50 Date Full name of contributor out-of-state PAC (ID#;) Amount of Contribution (\$) \$5.00 01/21/2024 Wilson, Rusty Employer (See Instructions) Practice Partners LLC Amount of Contribution (\$) \$5.00 Date Full name of contributor out-of-state PAC (ID#;) Practice Partners LLC Amount of Contribution (\$) \$1.50 Duries Full name of contributor out-of-state PAC (ID#;) Amount of Contribution (\$) \$1.50 01/21/2024 Full name of contributor out-of-state PAC (ID#;) Amount of Contribution (\$) \$1.50 01/21/2024 Waishington, DC 20001 Employer (See Instructions) Practice Partners LLC				
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Date Full name of contributor out-of-state PAC (ID#	-			5)
05/28/2024 Williams, Sherry \$2.50 Contributor address; City: State, Zip Code Bay City, TX 77414 Principal occupation / Job title (See Instructions) Employer (See Instructions) Real estate agent Self Date Wilson, Rusty Amount of Contribution (\$) 01/21/2024 Wilson, DC 20001 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Business process outsourcing Practice Partners LLC Date Full name of contributor out-of-state PAC (D# 01/21/2024 Full name of contributor out-of-state PAC (D# Vashington, DC 20001 Employer (See Instructions) St.50 01/21/2024 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 01/21/2024 Wilson, Rusty Employer (See Instructions) St.50 Date Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 01/21/2024 Wilson, Rusty Employer (See Instructions) St.50 Date Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 02/21/2024 Full name of	Real estate	agent	Self	
Contributor address; City; State; Zip Code Bay City, TX 77414 Principal occupation / Job title (See Instructions) Real estate agent Employer (See Instructions) Self Date 01/21/2024 Full name of contributor	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code Bay City, TX 77414 Principal occupation / Job title (See Instructions) Real estate =gent Employer (See Instructions) Self Date	05/28/2024			\$2.50
Principal occupation / Job title (See Instructions) Real estate agent Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:				
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Real estate agent Self Date Full name of contributor out-of-state PAC (D#:	Driv singlages			,
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01/21/2024 Wilson, Rusty \$5.00 Contributor address; City; State; Zip Code Washington, DC 20001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Business process outsourcing Practice Partners LLC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/21/2024 Wilson, Rusty \$1.50 Vashington, DC 20001 Employer (See Instructions) \$1.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1.50 Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$1.50 O2/21/2024 Full name of contributor out-of-state PAC (ID#:				· · · · · · · · · · · · · · · · · · ·
Contributor address; City; State; Zip Code)	
Washington, DC 20001 Employer (See Instructions) Practice Partners LLC Date Full name of contributor out-of-state PAC (ID#:) 01/21/2024 Wilson, Rusty Amount of Contribution (\$) 01/21/2024 Wilson, Rusty \$1.50 Vashington, DC 20001 Vashington, DC 20001 \$1.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1.50 Business process outsourcing Practice Partners LLC \$1.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1.50 Business process outsourcing Practice Partners LLC Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/21/2024 Wilson, Rusty	01/21/2024			\$0.00 •
Principal occupation / Job title (See Instructions) Business process outsourcing Employer (See Instructions) Practice Partners LLC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/21/2024 Wilson, Rusty for the state pace (ID#:) Amount of Contribution (\$) 01/21/2024 Washington, DC 20001 for the state pace (ID#:		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Business process outsourcing Employer (See Instructions) Practice Partners LLC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/21/2024 Wilson, Rusty for the state pace (ID#:) Amount of Contribution (\$) 01/21/2024 Washington, DC 20001 for the state pace (ID#:				
Principal occupation / Job title (See Instructions) Business process outsourcing Employer (See Instructions) Practice Partners LLC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/21/2024 Wilson, Rusty for the state pace (ID#:) Amount of Contribution (\$) 01/21/2024 Washington, DC 20001 for the state pace (ID#:		Washington, DC 20001		
Business process outsourcing Practice Partners LLC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/21/2024 Wilson, Rusty \$1.50 Contributor address; City; State; Zip Code Vashington, DC 20001 \$1.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Practice Partners LLC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/21/2024 Wilson, Rusty	Principal occu	Jupation / Job title (See Instructions)	Employer (See Instructions	5)
01/21/2024 Wilson, Rusty \$1.50 Contributor address; City; State; Zip Code Washington, DC 20001 Principal occutor / Job title (See Instructions) Employer (See Instructions) Business process outsourcing Practice Partners LLC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Wilson, Rusty 02/21/2024 Wilson, Rusty Contributor address; City; State; Zip Code Amount of Contribution (\$) Washington, DC 20001 Employer (See Instructions) Principal occutor / Job title (See Instructions) Employer (See Instructions)	Business pro	ocess outsourcing	Practice Partners LLC	
Contributor address; City; State; Zip Code Washington, DC 20001 Principal occupation / Job title (See Instructions) Business process outsourcing Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/21/2024 Wilson, Rusty Contributor address; City; State; Zip Code Washington, DC 20001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Washington, DC 20001 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Business process outsourcing Practice Partners LLC Date Full name of contributor out-of-state PAC (ID#:) 02/21/2024 Wilson, Rusty Amount of Contribution (\$) Contributor address; City; State; Zip Code \$5.00 Washington, DC 20001 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	01/21/2024	Wilson, Rusty		\$1.50
Principal occupation / Job title (See Instructions) Employer (See Instructions) Business process outsourcing Practice Partners LLC Date Full name of contributor out-of-state PAC (ID#:) 02/21/2024 Wilson, Rusty Amount of Contribution (\$) Contributor address; City; State; Zip Code \$5.00 Washington, DC 20001 Wilso Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Business process outsourcing Practice Partners LLC Date Full name of contributor out-of-state PAC (ID#:) 02/21/2024 Wilson, Rusty Amount of Contribution (\$) Contributor address; City; State; Zip Code \$5.00 Washington, DC 20001 Wilso Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Business process outsourcing Practice Partners LLC Date Full name of contributor out-of-state PAC (ID#:) 02/21/2024 Wilson, Rusty Amount of Contribution (\$) Contributor address; City; State; Zip Code \$5.00 Washington, DC 20001 Wilso Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Business process outsourcing Practice Partners LLC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/21/2024 Wilson, Rusty \$5.00 Contributor address; City; State; Zip Code Vashington, DC 20001 \$5.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)			· · · · · · · · ·	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/21/2024 Wilson, Rusty \$5.00 Contributor address; City; State; Zip Code Washington, DC 20001 Principal occupation / Job title (See Instructions) Employer (See Instructions)	-			3)
02/21/2024 Wilson, Rusty \$5.00 Contributor address; City; State; Zip Code Washington, DC 20001 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Business pro	-	Practice Partners LLC	
Contributor address; City; State; Zip Code Washington, DC 20001 Principal occupation / Job title (See Instructions) Employer (See Instructions))	
Washington, DC 20001 Employer (See Instructions)	02/21/2024	-		\$5.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Washington DC 20001		
	Drincinal occu	-	Employer (See Instructions	
	-			5)

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 238/252 Rpt: 241/260
2 FILER NAME	E		3 Filer ID (Ethics Commission Filers)
Every State	e Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
02/21/2024	Wilson, Rusty		\$1.50
	6 Contributor address; City; State; Zip Code		
	Washington, DC 20001		
	cupation / Job title (See Instructions)	9 Employer (See Instructions	s)
Business p	rocess outsourcing	Practice Partners LLC	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/30/2024			\$5.00
	Contributor address; City; State; Zip Code		
	Muldoon, TX 78949		
-	cupation / Job title (See Instructions)	Employer (See Instructions	S)
retired		n/a	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/30/2024			\$1.50
	Contributor address; City; State; Zip Code	,	
	Muldoon, TX 78949		
-	cupation / Job title (See Instructions)	Employer (See Instructions	s)
retired		n/a	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/23/2024	Womach, Karyn		
	Contributor address; City; State; Zip Code		
	Can Daiga, CA 02115		
Dringinal occ	San Deigo, CA 92115	Employer (See Instructions	
Consultant	cupation / Job title (See Instructions)	Rgp	5)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/11/2024			\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78730		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	
retired		retired	5)

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 239/252 Rpt: 242/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/11/2024	Yagjian, Marc		\$1.50
,	6 Contributor address; City; State; Zip Code		
1			
1			
	Austin, TX 78730		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/11/2024	Yagjian, Marc		\$5.00
	Contributor address; City; State; Zip Code		
1	Contributor address, City, State, Zip Couc		
1			
1	Austin, TX 78730		
Dringing ogg			
-	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions	3)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/11/2024	Yagjian, Marc		\$1.50
1	Contributor address; City; State; Zip Code		1
1			
1			
1	Austin, TX 78730		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
retired		retired	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/11/2024	Yagjian, Marc	/	\$5.00
00/11/202-			
1	Contributor address; City; State; Zip Code		
1			
	Austin, TX 78730		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired		retired	"
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/11/2024	Yagjian, Marc	!	\$1.50
1	Contributor address; City; State; Zip Code		
1			
1			
	Austin, TX 78730		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
retired		retired	
		<u> </u>	
4			

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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 240/252 Rpt: 243/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State I			00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/11/2024	Yagjian, Marc	1	\$5.00
1	6 Contributor address; City; State; Zip Code		1
, I		1	
. I		1	
, I	Austin, TX 78730		
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions)	\$)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/11/2024	Yagjian, Marc		\$1.50
, I	Contributor address; City; State; Zip Code		1
, I		1	
, I		1	
, I	Austin, TX 78730	1	
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
retired		retired	
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
05/11/2024	Yagjian, Marc	/	\$5.00
00,11,201	Contributor address; City; State; Zip Code		· · · · ·
, I	Culturbutor address, City, State, Lip Code	1	
, I		1	
, I	Austin, TX 78730		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
retired		retired	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/11/2024	Yagjian, Marc	/	\$1.50
00,11,202	Contributor address; City; State; Zip Code		
1	Continuation address, City, State, Zip Code		
1		1	
1	Austin, TX 78730	1	
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)	1 s)
retired		retired	
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
06/11/2024	Yagjian, Marc	/	\$5.00
00/11/2021			
1	Contributor address; City; State; Zip Code	1	
1		1	
1	Austin, TX 78730		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
retired		retired	"
1			

The Instru	uction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 241/252 Rpt: 244/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/11/2024			\$1.50
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78730		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/30/2024			\$2.50
	Contributor address; City; State; Zip Code		1
	Houston, TX 77025		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Educational	Consultant	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/29/2024	— —		\$2.50
	Contributor address; City; State; Zip Code		1
	Houston, TX 77025		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Educational	Consultant	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/30/2024			\$2.50
	Contributor address; City; State; Zip Code		1
	Houston, TX 77025		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Educational	Consultant	Self	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
04/30/2024	— —		\$2.50
	Contributor address; City; State; Zip Code		1
	Houston, TX 77025		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	Σ
Educational		Self	
		<u> </u>	
1			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 242/252 Rpt: 245/260	
2	FILER NAME			3	Filer ID (Ethics Commission F	ilers)
-		Blue - Texas			00087094	10.0)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/30/2024	a caplan, carolyn				\$2.50
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77025				
8			9 Employer (See Instructions	3)		
	Educational	Consultant	Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/12/2024	caplan, carolyn				\$5.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77025				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Educational	Consultant	Self			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/12/2024	caplan, carolyn				\$1.50
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77025				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Educational	Consultant	Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/12/2024	caplan, carolyn				\$5.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77025				
	•	ipation / Job title (See Instructions)	Employer (See Instructions	3)		
	Educational	Consultant	Self			
	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	02/12/2024	caplan, carolyn				\$1.50
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77025				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Educational	Consultant	Self			
			<u> </u>			

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 243/252 Rpt: 246/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
03/12/2024			\$5.00
	6 Contributor address; City; State; Zip Code		1
	Houston, TX 77025		
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Educational	Consultant	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/12/2024	caplan, carolyn		\$1.50
			1
	Houston, TX 77025		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Educational	Consultant	Self	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	Amount of Contribution (\$)
04/12/2024	caplan, carolyn		\$5.00
			1
	Houston, TX 77025		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ι</u> δ)
Educational	Consultant	Self	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/12/2024	caplan, carolyn	/	\$1.50
•	Contributor address; City; State; Zip Code		· · ·
	Contributor address, Ory, State, Ep Code		
	Houston, TX 77025		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>Ι</u> δ)
Educational		Self	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	Amount of Contribution (\$)
05/12/2024			\$5.00
	Contributor address; City; State; Zip Code		•
	Houston, TX 77025		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	1s)
Educational		Self	-,
1			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 244/252 Rpt: 247/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/12/2024	caplan, carolyn		\$1.50
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77025		
	upation / Job title (See Instructions)	9 Employer (See Instructions))
Educational		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2024			\$5.00
	Contributor address; City; State; Zip Code		
	Lauston TV 7702E		
Drincinal occu	Houston, TX 77025 upation / Job title (See Instructions)	Employer (See Instructions	
Educational		Employer (See Instructions) Self)
Date 06/12/2024	Full name of contributor out-of-state PAC (ID#: caplan, carolyn)	Amount of Contribution (\$) \$1.50
00/12/2024			φ1.50
	Contributor address; City; State; Zip Code		
	Houston, TX 77025		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	L)
Educational	Consultant	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/21/2024	field, megan		\$5.00
	Contributor address; City; State; Zip Code		
	austin, TX 78757		
	upation / Job title (See Instructions)	Employer (See Instructions))
retired		n/a	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/21/2024	field, megan		\$1.00
	Contributor address; City; State; Zip Code		
	austin, TX 78757		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
retired		n/a)

The Instru	ction Guide explains how to complete	e this form.	1 Total pages Schedule A1: Sch: 245/252 Rpt: 248/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state P	PAC (ID#:)	7 Amount of Contribution (\$)
02/21/2024	field, megan		\$5.00
	6 Contributor address; City; State; Zip Code		
	austin, TX 78757		
	pation / Job title (See Instructions)	9 Employer (See Instruction	s)
retired	<u> </u>	n/a	•
Date		PAC (ID#:)	Amount of Contribution (\$)
02/21/2024			\$1.00
	Contributor address; City; State; Zip Code		
	austin, TX 78757		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	
retired		n/a	3)
Date	Full name of contributor Out-of-state P		Amount of Contribution (\$)
03/21/2024	Full name of contributor out-of-state P field, megan	JAC (ID#:)	\$5.00
00/21/202.			
	austin, TX 78757		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	is)
retired		n/a	
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of Contribution (\$)
03/21/2024	field, megan		\$1.00
	Contributor address; City; State; Zip Code		
Drizpinal conu	austin, TX 78757	Employer (Cool Instruction	
Principal occu retired	pation / Job title (See Instructions)	Employer (See Instruction n/a	S)
			1 (4)
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of Contribution (\$)
04/21/2024	field, megan		\$5.00
	Contributor address; City; State; Zip Code		
	austin, TX 78757		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	 IS)
retired		n/a	-,

The Instru	ction Guide explains how to complete this	; form.	1 Total pages Schedule A1: Sch: 246/252 Rpt: 249/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)
04/21/2024	field, megan		\$1.00
	6 Contributor address; City; State; Zip Code		1
	austin, TX 78757	-	
-	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
retired		n/a	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
05/21/2024	field, megan		\$5.00
	Contributor address; City; State; Zip Code		
	outin TV 70757		
Dringinal occu	austin, TX 78757	Employer (See Instructions	
Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions n/a	5)
			1
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
05/21/2024	field, megan		\$1.00
	Contributor address; City; State; Zip Code		
	austin, TX 78757		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)
retired		n/a	2)
Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)
01/02/2024	forman, wendy	#:)	\$0.50
	Contributor address; City; State; Zip Code		
	phila, PA 19103		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
psychothera	pist	self	
Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)
02/02/2024	forman, wendy		\$0.50
	Contributor address; City; State; Zip Code		1
	phila, PA 19103		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
psychothera	pist	self	

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 247/252 Rpt: 250/2 2 FILER NAME Every State Blue - Texas 3 Filer ID (Ethics Commiss 00087094 4 Date 03/02/2024 5 Full name of contributor out-of-state PAC (ID#:) forman, wendy 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) self	
Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#:) forman, wendy 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code phila, PA 19103 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#:) forman, wendy 7 Amount of Contribution (\$) 03/02/2024 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) phila, PA 19103 9 Employer (See Instructions) 9 Employer (See Instructions)	
03/02/2024 forman, wendy 6 Contributor address; City; State; Zip Code phila, PA 19103 phila, PA 19103 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	\$0.50
6 Contributor address; City; State; Zip Code phila, PA 19103 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	\$0.50
Contributor address; City; State; Zip Code phila, PA 19103 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Data Amount of Contributor Amount of Contribution (\$)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/02/2024 forman wendy	¢0 50
04/02/2024 forman, wendy	\$0.50
Contributor address; City; State; Zip Code	
phila, PA 19103	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
psychotherapist self	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/02/2024 forman, wendy	\$0.50
	ψ0.00
Contributor address; City; State; Zip Code	
phila, PA 19103	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
psychotherapist self	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
06/02/2024 forman, wendy	\$0.50
Contributor address; City; State; Zip Code	
phila, PA 19103	
phila, PA 19103 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) psychotherapist self	\$0.50
Principal occupation / Job title (See Instructions) Employer (See Instructions) psychotherapist self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	\$0.50
Principal occupation / Job title (See Instructions) Employer (See Instructions) psychotherapist self Date Full name of contributor out-of-state PAC (ID#:) 01/14/2024 lunce, carol	\$0.50
Principal occupation / Job title (See Instructions) Employer (See Instructions) psychotherapist self Date Full name of contributor out-of-state PAC (ID#:) 01/14/2024 lunce, carol	\$0.50
Principal occupation / Job title (See Instructions) Employer (See Instructions) psychotherapist self Date Full name of contributor out-of-state PAC (ID#:) 01/14/2024 lunce, carol	\$0.50
Principal occupation / Job title (See Instructions) Employer (See Instructions) psychotherapist self Date Full name of contributor out-of-state PAC (ID#:) 01/14/2024 lunce, carol Contributor address; City; State; Zip Code Amount of Contribution (\$)	\$0.50

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 248/252 Rpt: 251/260
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Every State	Blue - Texas		00087094
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/14/2024	lunce, carol		\$1.00
	6 Contributor address; City; State; Zip Code		1
		l	
		l	
- · · ·	Richardson, TX 75081	- · · · · · · · · · · · · · · · · · · ·	
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		Retired	.
Date	Full name of contributor out-of-state PAC (ID#:	::)	Amount of Contribution (\$)
02/14/2024			\$0.50
	Contributor address; City; State; Zip Code	l	
	Richardson, TX 75081		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Retired		Retired	<i>.</i> ,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
02/14/2024	lunce, carol	·/	\$1.00
			· · · ·
		l	
	Richardson, TX 75081		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	::)	Amount of Contribution (\$)
03/14/2024	lunce, carol		\$0.50
	Contributor address; City; State; Zip Code]
	Richardson, TX 75081	l	
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)
Retired		Retired	>)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
03/14/2024		·/	\$1.00
	Contributor address; City; State; Zip Code		
		l	
	Richardson, TX 75081		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 249/252 Rpt: 252/260	
2	FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
	Every State	Blue - Texas			00087094	
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7	Amount of Contribution (\$)	
	04/14/2024	lunce, carol				\$0.50
		6 Contributor address; City; State; Zip Code	,	"		
	Dringing oog	Richardson, TX 75081	Contraction			
8	Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions Retired	S)		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	¢1.00
	04/14/2024	lunce, carol				\$1.00
		Contributor address; City; State; Zip Code				
		Richardson, TX 75081				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	 .s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#		Τ	Amount of Contribution (\$)	
	05/01/2024	mcvay, jason				\$2.50
		Contributor address; City; State; Zip Code				
		abilene, TX 79602		Ĺ		
	Principal occu n/a	<pre>upation / Job title (See Instructions)</pre>	Employer (See Instructions	S)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	ቀጋ ደብ
	06/01/2024	mcvay, jason				\$2.50
		Contributor address; City; State; Zip Code				
		abilene, TX 79602				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	n/a		n/a			
	Date	Full name of contributor out-of-state PAC (ID#)	Τ	Amount of Contribution (\$)	
	01/05/2024	plummer, robert				\$5.00
		Contributor address; City; State; Zip Code		"		
		Lakeway, TX 78734		Ĺ		
		<pre>upation / Job title (See Instructions)</pre>	Employer (See Instructions	s)		
	retired		retired			
						ľ

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 250/252 Rpt: 253/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/05/2024 plummer, robert \$1.50 6 Contributor address; City; State; Zip Code Lakeway, TX 78734 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/05/2024 plummer, robert \$5.00 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/05/2024 plummer, robert \$1.50 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/05/2024 \$5.00 plummer, robert Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/05/2024 plummer, robert \$1.50 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 251/252 Rpt: 254/260 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Every State Blue - Texas 00087094 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/05/2024 plummer, robert \$5.00 6 Contributor address; City; State; Zip Code Lakeway, TX 78734 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/05/2024 plummer, robert \$1.50 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/05/2024 plummer, robert \$5.00 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/05/2024 plummer, robert \$1.50 Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/05/2024 \$5.00 plummer, robert Contributor address; City; State; Zip Code Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

	MONET	ARY POLITICAL CONTRIBUTIONS			SCHEDULE A1
	The Instru	ction Guide explains how to complete this form.			Fotal pages Schedule A1: Sch: 252/252 Rpt: 255/260
2	FILER NAME : Every State Blue - Texas			Filer ID (Ethics Commission Filers)	
4	Date 06/05/2024	 5 Full name of contributor out-of-state PAC (ID#:)	7 4	Amount of Contribution (\$) \$1.50
8	Principal occu retired		nployer (See Instructions tired	5)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 1/3 Rpt: 256/260	Every State Blue - Texas 00087094			
4 Date 01/01/2024	5 Payee name Every State Blue			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$191.63	237 Florida Ave NW			
Expenditure from corporate funds	Washington, DC 20001			
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description 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/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
01/31/2024	Every State Blue			
Amount (\$) \$185.13	Payee address; City; State; Zip Code 237 Florida Ave NW			
Expenditure from corporate funds	Washington, DC 20001			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
02/29/2024	Every State Blue			
Amount (\$) \$182.38	Payee address; City; State; Zip Code 237 Florida Ave NW			
Expenditure from corporate funds	Washington, DC 20001			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District GitfuAwards/Memorials Expense Printing Expense Travel Out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 2/3 Rpt: 257/260	Every State Blue - Texas 00087094			
4 Date 03/31/2024	5 Payee name Every State Blue			
6 Amount (\$) \$186.88	7 Payee address; City; State; Zip Code 237 Florida Ave NW			
corporate funds	Washington, DC 20001			
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description 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/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
04/30/2024	Every State Blue			
Amount (\$) \$192.38	Payee address; City; State; Zip Code 237 Florida Ave NW			
Expenditure from corporate funds	Washington, DC 20001			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/31/2024	Every State Blue			
Amount (\$) \$196.38	Payee address; City; State; Zip Code 237 Florida Ave NW			
Expenditure from corporate funds	Washington, DC 20001			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation 			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor 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: 3/3 Rpt: 258/260 Every State Blue - Texas 00087094 4 Date 5 Payee name 06/30/2024 **Every State Blue** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$127.13 237 Florida Ave NW Expenditure from Washington, DC 20001 corporate funds 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. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics Commission File
Sch: 1/2 Rpt:	Every State Blue - Texas		00087094
Date	5 Payee name		
01/26/2024	Amalgamated Bank		
Amount (\$)	7 Payee Address; City; State; Zip		
12.00	1825 K St NW		
Expenditure from corporate funds	Washignton, DC 20006		
	-	(b) Description	(See instructions regarding type of information require
OF	Accounting/Banking	Bank Fee	
EXPENDITURE			
Date	Payee name		
02/27/2024	Amalgamated Bank		
Amount (\$)	Payee Address; City; State; Zip		
12.00	1825 K St NW		
Expenditure from	Washignton, DC 20006		
_ corporate funds PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description	(See instructions regarding type of information require
OF	Accounting/Banking	Bank Fee	
EXPENDITURE			
Date	Payee name		
03/27/2024	Amalgamated Bank		
Amount (\$)	Payee Address; City; State; Zip		
12.00	1825 K St NW		
Expenditure from	Washighton DC 20006		
corporate funds	Washighton, DC 20006		
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description Bank Fee	(See instructions regarding type of information require
EXPENDITURE	· ····································	Dankree	
Date	Payee name		
04/26/2024	Amalgamated Bank		
Amount (\$)	Payee Address; City; State; Zip		
12.00	1825 K St NW		
Expenditure from			
corporate funds	Washighton, DC 20006	(J_) _ · · ·	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description Bank Fee	(See instructions regarding type of information require
EXPENDITURE			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to complete this form.					
2 FILER NAME Every State Blue - Texas	3 Filer ID (Ethics Commission Filers) 00087094					
5 Payee name Amalgamated Bank						
7 Payee Address; City; State; Zip 1825 K St NW						
Washignton, DC 20006						
(a) Category (See instructions for examples of acceptable categories) (Accounting/Banking	b) Description (See instructions regarding type of information required.) Bank Fee					
Payee name						
Amalgamated Bank						
Payee Address; City; State; Zip 1825 K St NW						
Washignton, DC 20006						
(a) Category (See instructions for examples of acceptable categories) (Accounting/Banking	b) Description (See instructions regarding type of information required.) Bank Fee					
Payee name						
Sexton, Janette						
Payee Address; City; State; Zip 1627 Maywood Lane						
Pasadena, TX 77503						
(a) Category (See instructions for examples of acceptable categories) (Refunded Contribution	b) Description (See instructions regarding type of information required.) Refunded Contribution					
	Every State Blue - Texas 5 Payee name Amalgamated Bank 7 Payee Address; 1825 K St NW Washignton, DC 20006 (a) Category (See instructions for examples of acceptable categories) Accounting/Banking Payee name Amalgamated Bank Payee name Amalgamated Bank Payee Address; City; State; Zip 1825 K St NW Washignton, DC 20006 (a) Category (See instructions for examples of acceptable categories) (a) Category (See instructions for examples of acceptable categories) Accounting/Banking Payee name Sexton, Janette Payee Address; City; State; Zip 1627 Maywood Lane Pasadena, TX 77503 (a) Category (See instructions for examples of acceptable categories) (