CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

1 Filer ID (Eth	ics Commission Filers) 2	Total pages filed:	OFFICE USE ONLY
00053715		250	Date Received
3 COMMITTEE NAME	Annie's List		ELECTRONICALLY FILED 08/09/2024
4 TREASURER NAME	Stege Nelson, Piper		Date Hand-delivered or Date Postmarked
5 ORIGINAL	January 15	Runoff	Date Hand-denvered of Date POSTMArked
REPORT TYPE	X July 15	10th day after campaign treasurer resignation	Receipt # Amount
	30th day before election	Dissolution report	
	8th day before election	Other (specify)	Date Processed
6 ORIGINAL PERIOD COVERED	Month Day Year 02/25/2024	Month Day Year THROUGH 06/30/2024	Date Imaged
7 EXPLANATION OF (
	ate transactions have now be		
8 AFFIDAVIT		I swear, or affirm, under penalty of perjury and correct.	, that this corrected report is true
		Check the box next to any and all applicat	ole statements:
		X Semiannual reports: I swear or a was made in good faith and without misrepresent the information contain	an intent to mislead or to
		X Other reports: I swear, or affirm, report not later than the 14th busines that the report as originally filed is in swear, or affirm, that any error or or filed was made in good faith.	ss day after the date I learned accurate or incomplete. I
		Piper Stege N	Velson
		Signature of Campai	gn Treasurer
AFFIX NOTARY ST	AMP / SEAL ABOVE		
		, this th	ne day
of	, 20, to certify	which, witness my hand and seal of office.	
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer administering oath
	Need	ch Any Part Of The Campaign Finance Repo ed To Report And Explain Corrections	ort Form

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00053715	2 Total pages filed: 250			
3 COMMITTEE NAME	E	•	OFFICE USE ONLY			
Annie's List			Date Received			
			08/09/2024			
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	TY; STATE; ZIP CODE	-			
ADDRESS	PO Box 303277	TT, STATE, ZIF CODE				
	FO BOX 303211		Date Hand-delivered or Date Postmarked			
Change of Address	Austin, TX 78703					
	Austin, 1× 78703		Receipt # Amount			
			Date Processed			
			Date i roccocci			
			Date Imaged			
5 CAMPAIGN	MS / MRS / MR FIRST		MI			
TREASURER NAME	Piper					
	NICKNAME LAST		SUFFIX			
	Stege Nelson	I				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE			
TREASURER STREET	3206 Harris Park Ave.					
ADDRESS						
(Residence or Business)	Austin, TX 78705					
7 CAMPAIGN	STREET OR PO BOX;	APT / SUITE #; CITY	Y; STATE; ZIP CODE			
TREASURER	3206 Harris Park Ave.	,	, _ ,			
MAILING ADDRESS						
	Austin, TX 78705					
Change of Address						
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER PHONE	(202) 812-0554					
9 REPORT TYPE	January 15	Oth day before election	Dissolution (Attach PAC-DR)			
		th day before election	10th day after campaign treasurer			
	X July 15	L	termination			
		Runoff				
10 PERIOD	Month Day Year	Month Day	Year			
COVERED	02/25/2024 Т	HROUGH 06/30/202	24			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
		Primary Runoff	Other			
	11/05/2024	General Special				
	•					
GO TO PAGE 2						
Forms provided by Te	exas Ethics Commission www.e	thics.state.tx.us	Version V4.1.0.48da51f7			

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Annie's List			00053715	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Kristian Carranza State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	186,442.56
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	2,959.48
	4. TOTAL POLITICA	L EXPENDITURES	\$	259,775.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			358,299.06
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT		l swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Piper Ste	ege Nelson	
		Signature of Ca	mpaign Treası	irer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	his the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

ADDENDUM

Page 4 of 250

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Annie's List				00053715	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Laurel Jordan Swift State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Lauren Simmons State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		The Honorable Mihaela Plesa S	tate Represent	ative
		•			

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

Page 5 of 250

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Annie's List		_	_		00053715	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Molly Cook S	tate Senator	-	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Rosie Cuellar	State Representa	ative	
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 (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

SUBTOTALS - GPAC		СС	FORM GPAC OVER SHEET PG 3 6 of 250
17 COMMITTEE NAME Annie's List		18 Filer ID 00053715	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITIC	CAL CONTRIBUTIONS		\$ 184,442.56
2. SCHEDULE A2: NON-MONETARY (IN	I-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBU	ITIONS		\$
4. SCHEDULE C1: MONETARY CONTR	IBUTIONS FROM CORPORATION OR LABO	R	\$ 2,000.00
5. SCHEDULE C2: NON-MONETARY (IN LABOR ORGANIZATION	I-KIND) CONTRIBUTIONS FROM CORPORA	TION OR	\$
6. SCHEDULE C3: MONETARY SUPPO	RT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SU ORGANIZATION	JPPORT FROM CORPORATION OR LABOR		\$
8. SCHEDULE D: PLEDGED CONTRIBL	ITIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9. SCHEDULE E: LOANS			\$
10. X SCHEDULE F1: POLITICAL EXPEND	ITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 217,000.72
11. SCHEDULE F2: UNPAID INCURRED	OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVE	STMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13. X SCHEDULE F4: EXPENDITURES MA	DE BY CREDIT CARD		\$ 42,774.77
14. SCHEDULE I: NON-POLITICAL EXPE	NDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
15. SCHEDULE K: INTEREST, CREDITS, TO FILER	GAINS, REFUNDS, AND CONTRIBUTIONS F	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/173 Rpt: 7/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/05/2024 Aberly, Naomi D. \$10,000.00 6 Contributor address; City; State; Zip Code Dallas, TX 75229-6532 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Volunteer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/12/2024 \$500.00 Acosta, Sylvia Contributor address; City; State; Zip Code El Paso, TX 79932-4308 Principal occupation / Job title (See Instructions) Employer (See Instructions) Administrator Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/03/2024 Adams, Tori A. \$5,000.00 Contributor address; City; State; Zip Code Fort Worth, TX 76109-1131 Principal occupation / Job title (See Instructions) Employer (See Instructions) Homemaker Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/05/2024 \$15.00 Aden, Marilyn Contributor address; City; State; Zip Code New Braunfels, TX 78130-7960 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/05/2024 \$15.00 Aden, Marilyn Contributor address; City; State; Zip Code New Braunfels, TX 78130-7960 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/173 Rpt: 8/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/05/2024 Aden, Marilyn \$15.00 6 Contributor address; City; State; Zip Code New Braunfels, TX 78130-7960 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/05/2024 \$15.00 Aden, Marilyn Contributor address; City; State; Zip Code New Braunfels, TX 78130-7960 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/27/2024 Albiani, Adella \$10.00 Contributor address; City; State; Zip Code Penn Valley, CA 95946-0066 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2024 \$5,000.00 Albright, Alex Contributor address; City; State; Zip Code Austin, TX 78703-1021 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lawyer Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/28/2024 \$40.00 Alexander, Stacy Contributor address; City; State; Zip Code Austin, TX 78703-4157 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/173 Rpt: 9/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/28/2024 Alexander, Stacy \$40.00 6 Contributor address; City; State; Zip Code Austin, TX 78703-4157 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/28/2024 \$40.00 Alexander, Stacy Contributor address; City; State; Zip Code Austin, TX 78703-4157 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/28/2024 Alexander, Stacy \$40.00 Contributor address; City; State; Zip Code Austin, TX 78703-4157 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/28/2024 \$40.00 Alexander, Stacy Contributor address; City; State; Zip Code Austin, TX 78703-4157 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/22/2024 \$22.00 Alford, Karen Contributor address; City; State; Zip Code Georgetown, TX 78628-2234 Principal occupation / Job title (See Instructions) Employer (See Instructions) Medical

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/173 Rpt: 10/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/02/2024 Almanzan, Sandra \$103.45 6 Contributor address; City; State; Zip Code El Paso, TX 79925-4012 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Director Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/19/2024 Alter, Alison \$250.00 Contributor address; City; State; Zip Code Austin, TX 78756-3418 Principal occupation / Job title (See Instructions) Employer (See Instructions) **City Council Member** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/14/2024 Anderson, Alexandria \$250.00 Contributor address; City; State; Zip Code Austin, TX 78721-1217 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 \$22.00 Anderson, Alexandria Contributor address; City; State; Zip Code Austin, TX 78721-1217 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/02/2024 Anderson, Kathleen \$51.83 Contributor address; City; State; Zip Code El Paso, TX 79902-2120 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/173 Rpt: 11/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/31/2024 Anderson, Leland \$10.00 6 Contributor address; City; State; Zip Code College Station, TX 77840-4339 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) sales Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/29/2024 Anderson, Sarah \$5.00 Contributor address; City; State; Zip Code Frisco, TX 75036-0166 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Development Coordinator** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/30/2024 Anderson, Sarah \$5.00 Contributor address; City; State; Zip Code Frisco, TX 75036-0166 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Development Coordinator** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2024 \$5.00 Anderson, Sarah Contributor address; City; State; Zip Code Frisco, TX 75036-0166 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Development Coordinator** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/30/2024 \$5.00 Anderson, Sarah Contributor address; City; State; Zip Code Frisco, TX 75036-0166 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Development Coordinator**

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/173 Rpt: 12/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/30/2024 Anderson, Sarah \$5.00 6 Contributor address; City; State; Zip Code Frisco, TX 75036-0166 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Development Coordinator** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/12/2024 \$1,000.00 Apodaca, Aliana Contributor address; City; State; Zip Code El Paso, TX 79902-5330 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/14/2024 Ashworth, Susan \$5.00 Contributor address; City; State; Zip Code Austin, TX 78746-4613 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/14/2024 \$5.00 Ashworth, Susan Contributor address; City; State; Zip Code Austin, TX 78746-4613 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/14/2024 \$5.00 Ashworth, Susan Contributor address; City; State; Zip Code Austin, TX 78746-4613 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/173 Rpt: 13/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/14/2024 Ashworth, Susan \$5.00 6 Contributor address; City; State; Zip Code Austin, TX 78746-4613 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/27/2024 Asleson, Sarah \$25.00 Contributor address; City; State; Zip Code Colorado Springs, CO 80919-1407 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/18/2024 \$5.00 Babb, Ann Contributor address; City; State; Zip Code Oaklyn, NJ 08107-1922 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/18/2024 \$5.00 Babb, Ann Contributor address; City; State; Zip Code Oaklyn, NJ 08107-1922 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/18/2024 \$5.00 Babb, Ann Contributor address; City; State; Zip Code Oaklyn, NJ 08107-1922 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/173 Rpt: 14/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/18/2024 Babb, Ann \$5.00 6 Contributor address; City; State; Zip Code Oaklyn, NJ 08107-1922 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/29/2024 \$10.53 Bailey, John Contributor address; City; State; Zip Code San Antonio, TX 78216-3520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Non Profit Professional Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/30/2024 Bailey, John \$10.53 Contributor address; City; State; Zip Code San Antonio, TX 78216-3520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Non Profit Professional Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2024 Bailey, John \$10.53 Contributor address; City; State; Zip Code San Antonio, TX 78216-3520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Non Profit Professional Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/30/2024 \$10.53 Bailey, John Contributor address; City; State; Zip Code San Antonio, TX 78216-3520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Non Profit Professional

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/173 Rpt: 15/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/30/2024 Bailey, John \$10.53 6 Contributor address; City; State; Zip Code San Antonio, TX 78216-3520 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Non Profit Professional Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/16/2024 Balliette, Barbara \$250.00 Contributor address; City; State; Zip Code Austin, TX 78731-1548 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/16/2024 Balliette, Barbara \$750.00 Contributor address; City; State; Zip Code Austin, TX 78731-1548 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 Balliette, Barbara \$44.00 Contributor address; City; State; Zip Code Austin, TX 78731-1548 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/10/2024 \$103.45 Banda, Cathleen Contributor address; City; State; Zip Code El Paso, TX 79902-2745 Principal occupation / Job title (See Instructions) Employer (See Instructions) Homemaker

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/173 Rpt: 16/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/19/2024 Banister, Simin \$50.00 6 Contributor address; City; State; Zip Code Houston, TX 77019-2509 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 Banister, Simin \$50.00 Contributor address; City; State; Zip Code Houston, TX 77019-2509 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/19/2024 Banister, Simin \$50.00 Contributor address; City; State; Zip Code Houston, TX 77019-2509 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/19/2024 \$50.00 Banister, Simin Contributor address; City; State; Zip Code Houston, TX 77019-2509 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/01/2024 Banks, Lee Ellen \$51.83 Contributor address; City; State; Zip Code El Paso, TX 79912-4262 Principal occupation / Job title (See Instructions) Employer (See Instructions) CFO

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/173 Rpt: 17/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/17/2024 Barzelay, Susan \$20.00 6 Contributor address; City; State; Zip Code Colleyville, TX 76034-4256 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/17/2024 \$20.00 Barzelay, Susan Contributor address; City; State; Zip Code Colleyville, TX 76034-4256 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/17/2024 Barzelay, Susan \$20.00 Contributor address; City; State; Zip Code Colleyville, TX 76034-4256 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/01/2024 \$9.00 Bass, Marilee Contributor address; City; State; Zip Code Milwaukee, WI 53202-2449 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 05/22/2024 \$22.00 Bautista Mariscal, Maria Soledad Contributor address; City; State; Zip Code Austin, TX 78744-7960 Principal occupation / Job title (See Instructions) Employer (See Instructions) Director of Professional Development and Outreach

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 12/173 Rpt: 18/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/28/2024 Bean, Nancy Cozette \$10.00 6 Contributor address; City; State; Zip Code Arlington, TX 76006-4003 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) educator Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/28/2024 \$10.00 Bean, Nancy Cozette Contributor address; City; State; Zip Code Arlington, TX 76006-4003 Principal occupation / Job title (See Instructions) Employer (See Instructions) educator Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/28/2024 Bean, Nancy Cozette \$10.00 Contributor address; City; State; Zip Code Arlington, TX 76006-4003 Principal occupation / Job title (See Instructions) Employer (See Instructions) educator Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/28/2024 Bean, Nancy Cozette \$10.00 Contributor address; City; State; Zip Code Arlington, TX 76006-4003 Principal occupation / Job title (See Instructions) Employer (See Instructions) educator Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/28/2024 \$10.00 Bean, Nancy Cozette Contributor address; City; State; Zip Code Arlington, TX 76006-4003 Principal occupation / Job title (See Instructions) Employer (See Instructions) educator

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/173 Rpt: 19/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/06/2024 Beaver, Becky \$100.00 6 Contributor address; City; State; Zip Code Austin, TX 78731-6200 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/06/2024 \$100.00 Beaver, Becky Contributor address; City; State; Zip Code Austin, TX 78731-6200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/06/2024 \$100.00 Beaver, Becky Contributor address; City; State; Zip Code Austin, TX 78731-6200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/06/2024 \$100.00 Beaver, Becky Contributor address; City; State; Zip Code Austin, TX 78731-6200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/03/2024 \$10.00 Beck, Joyce L. Contributor address; City; State; Zip Code Fort Worth, TX 76123-2919 Principal occupation / Job title (See Instructions) Employer (See Instructions) Instructor

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 14/173 Rpt: 20/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/31/2024 Bell, Robin \$10.00 6 Contributor address; City; State; Zip Code Dresher, PA 19025-2016 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/30/2024 Bell, Robin \$5.00 Contributor address; City; State; Zip Code Dresher, PA 19025-2016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/04/2024 Benavides, Alyssa Cervantes \$500.00 Contributor address; City; State; Zip Code El Paso, TX 79936-5417 Principal occupation / Job title (See Instructions) Employer (See Instructions) Administrator Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/23/2024 \$50.00 Benavides, Melissa Contributor address; City; State; Zip Code San Antonio, TX 78209-5271 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/23/2024 \$50.00 Benavides, Melissa Contributor address; City; State; Zip Code San Antonio, TX 78209-5271 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 15/173 Rpt: 21/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/23/2024 Benavides, Melissa \$50.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-5271 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Physician Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/23/2024 \$50.00 Benavides, Melissa Contributor address; City; State; Zip Code San Antonio, TX 78209-5271 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/03/2024 \$25.00 Benavides, Tannya Contributor address; City; State; Zip Code Laredo, TX 78040-2504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/03/2024 \$25.00 Benavides, Tannya Contributor address; City; State; Zip Code Laredo, TX 78040-2504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/03/2024 \$25.00 Benavides, Tannya Contributor address; City; State; Zip Code Laredo, TX 78040-2504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 16/173 Rpt: 22/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/17/2024 Bergman, Eldo \$5.00 6 Contributor address; City; State; Zip Code Houston, TX 77035-3416 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/17/2024 Bergman, Eldo \$5.00 Contributor address; City; State; Zip Code Houston, TX 77035-3416 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/17/2024 Bergman, Eldo \$5.00 Contributor address; City; State; Zip Code Houston, TX 77035-3416 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/17/2024 \$5.00 Bergman, Eldo Contributor address; City; State; Zip Code Houston, TX 77035-3416 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/29/2024 \$50.00 Bessent, Nancy Contributor address; City; State; Zip Code Austin, TX 78757-3242 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/173 Rpt: 23/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/22/2024 Bird, Sarah \$44.00 6 Contributor address; City; State; Zip Code Austin, TX 78731-3824 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) writer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/05/2024 \$1,000.00 Black, Tre' Contributor address; City; State; Zip Code Dallas, TX 75208-3941 Principal occupation / Job title (See Instructions) Employer (See Instructions) Executive Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/21/2024 Blackson, Stephen \$25.00 Contributor address; City; State; Zip Code Austin, TX 78750-2811 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/31/2024 \$25.00 Blackson, Steve Contributor address; City; State; Zip Code Austin, TX 78750-2811 Principal occupation / Job title (See Instructions) Employer (See Instructions) Landscape Design Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/30/2024 \$25.00 Blackson, Steve Contributor address; City; State; Zip Code Austin, TX 78750-2811 Principal occupation / Job title (See Instructions) Employer (See Instructions) Landscape Design

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 18/173 Rpt: 24/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/16/2024 Blau, Robert \$100.00 6 Contributor address; City; State; Zip Code Austin, TX 78757-8134 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/24/2024 \$20.00 Blau, Robert Contributor address; City; State; Zip Code Austin, TX 78757-8134 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/16/2024 Blau, Robert \$100.00 Contributor address; City; State; Zip Code Austin, TX 78757-8134 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/24/2024 \$20.00 Blau, Robert Contributor address; City; State; Zip Code Austin, TX 78757-8134 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/24/2024 \$20.00 Blau, Robert Contributor address; City; State; Zip Code Austin, TX 78757-8134 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 19/173 Rpt: 25/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/24/2024 Blau, Robert \$20.00 6 Contributor address; City; State; Zip Code Austin, TX 78757-8134 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/06/2024 \$15.00 Blick, Suzanne Contributor address; City; State; Zip Code Sioux Falls, SD 57104-7048 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/29/2024 Blick, Suzanne \$25.00 Contributor address; City; State; Zip Code Sioux Falls, SD 57104-7048 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/30/2024 \$5.00 Blick, Suzanne Contributor address; City; State; Zip Code Sioux Falls, SD 57104-7048 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/02/2024 Borrego, Elsa \$1,032.70 Contributor address; City; State; Zip Code El Paso, TX 79912-6311 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPO

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 20/173 Rpt: 26/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/12/2024 Bowden, Sally \$25.00 6 Contributor address; City; State; Zip Code New York, NY 10003-9339 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/01/2024 \$20.00 Bowden, Sally Contributor address; City; State; Zip Code New York, NY 10003-9339 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) Date 03/12/2024 Braunagel-Brown, Mary A. (Dr.) \$200.00 Contributor address; City; State; Zip Code Austin, TX 78736-3319 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 04/12/2024 \$200.00 Braunagel-Brown, Mary A. (Dr.) Contributor address; City; State; Zip Code Austin, TX 78736-3319 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:_____ Amount of Contribution (\$) 05/12/2024 \$200.00 Braunagel-Brown, Mary A. (Dr.) Contributor address; City; State; Zip Code Austin, TX 78736-3319 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 21/173 Rpt: 27/250		
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)	
	Annie's List			00053715		
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/12/2024	Braunagel-Brown, Mary A. (Dr.)				\$200.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78736-3319				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/01/2024	Bray, David				\$15.00
		Contributor address; City; State; Zip Code		1		
		Bainbridge Island, WA 98110-2949				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not employe	d				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/19/2024	Bray, Elizabeth				\$10.00
		Contributor address; City; State; Zip Code		1		
		Rollingwood, TX 78746-5943				
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	۵				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Bray, Elizabeth			\$10.00	
		Contributor address; City; State; Zip Code				
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⊢	<u> </u>	Rollingwood, TX 78746-5943		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/19/2024	Bray, Elizabeth				\$10.00
		Contributor address; City; State; Zip Code				
		Dellinguaged TV 70740 5042				
	<u> </u>	Rollingwood, TX 78746-5943		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	20				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 22/173 Rpt: 28/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/19/2024 Bray, Elizabeth \$10.00 6 Contributor address; City; State; Zip Code Rollingwood, TX 78746-5943 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/01/2024 \$1,000.00 Brennand, Ruth Katherine Contributor address; City; State; Zip Code El Paso, TX 79912-3340 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/17/2024 Brewer, Angela \$10.00 Contributor address; City; State; Zip Code Denton, TX 76207-1288 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/17/2024 \$10.00 Brewer, Angela Contributor address; City; State; Zip Code Denton, TX 76207-1288 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/17/2024 \$10.00 Brewer, Angela Contributor address; City; State; Zip Code Denton, TX 76207-1288 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 23/173 Rpt: 29/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/17/2024 Brewer, Angela \$10.00 6 Contributor address; City; State; Zip Code Denton, TX 76207-1288 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Professor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/18/2024 \$10.00 Brogden, William Contributor address; City; State; Zip Code Leander, TX 78641-9396 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/10/2024 Bromley, Ernest \$1,000.00 Contributor address; City; State; Zip Code San Antonio, TX 78230-2637 Principal occupation / Job title (See Instructions) Employer (See Instructions) Managing Partner Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/20/2024 \$15.00 Bronstein, Dale Contributor address; City; State; Zip Code Fort Worth, TX 76112-5425 Principal occupation / Job title (See Instructions) Employer (See Instructions) Wine Merchant Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/29/2024 \$100.00 Brooks, Royce Contributor address; City; State; Zip Code Austin, TX 78702-4587 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 24/173 Rpt: 30/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/30/2024 Brooks, Royce \$100.00 6 Contributor address; City; State; Zip Code Austin, TX 78702-4587 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Consultant Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2024 \$100.00 Brooks, Royce Contributor address; City; State; Zip Code Austin, TX 78702-4587 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/30/2024 Brooks, Royce \$100.00 Contributor address; City; State; Zip Code Austin, TX 78702-4587 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/30/2024 \$100.00 Brooks, Royce Contributor address; City; State; Zip Code Austin, TX 78702-4587 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/22/2024 Brown, Andrew \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78751-3720 Principal occupation / Job title (See Instructions) Employer (See Instructions) County Judge

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 25/173 Rpt: 31/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/06/2024 Brownlee, Becky 6 Contributor address; City; State; Zip Code Austin, TX 78756-1326 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/03/2024 Bryan, Helen Lacy Contributor address; City; State; Zip Code Austin, TX 78746-2906 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/22/2024 Bryan, Helen Lacy Contributor address; City; State; Zip Code Austin, TX 78746-2906 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/07/2024 Bubenik, Patricia Contributor address; City; State; Zip Code Palo Alto, CA 94301-2820 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/20/2024 Bubenik, Patricia Contributor address; City; State; Zip Code Palo Alto, CA 94301-2820 Principal occupation / Job title (See Instructions) Employer (See Instructions)

Not Employed

\$258.32

\$5,000.00

\$1,000.00

\$7.00

\$8.00

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 26/173 Rpt: 32/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/22/2024 Bullard, Becky \$44.00 6 Contributor address; City; State; Zip Code Austin, TX 78704-2337 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/14/2024 \$1,000.00 Burgess, Karen C. Contributor address; City; State; Zip Code Austin, TX 78701-1825 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/29/2024 Burlage, Rachel \$5.00 Contributor address; City; State; Zip Code Denton, TX 76210-8054 Principal occupation / Job title (See Instructions) Employer (See Instructions) Policy manager Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/29/2024 \$5.00 Burlage, Rachel Contributor address; City; State; Zip Code Denton, TX 76210-8054 Principal occupation / Job title (See Instructions) Employer (See Instructions) Policy manager Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/29/2024 \$5.00 Burlage, Rachel Contributor address; City; State; Zip Code Denton, TX 76210-8054 Principal occupation / Job title (See Instructions) Employer (See Instructions) Policy manager

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 27/173 Rpt: 33/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/29/2024 Burlage, Rachel \$5.00 6 Contributor address; City; State; Zip Code Denton, TX 76210-8054 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Policy manager Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/28/2024 \$50.00 Butler, Jackie Contributor address; City; State; Zip Code El Paso, TX 79938-9707 Principal occupation / Job title (See Instructions) Employer (See Instructions) Policy Advisor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/29/2024 CARPENTER, MARK \$5.00 Contributor address; City; State; Zip Code Gladewater, TX 75647-2654 Principal occupation / Job title (See Instructions) Employer (See Instructions) Oil & Gas Producer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/01/2024 \$10.00 CREWS, MICHAEL Contributor address; City; State; Zip Code Los Ranchos, NM 87107 Principal occupation / Job title (See Instructions) Employer (See Instructions) PHYSICIAN Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/22/2024 \$50.00 Camacho, Claudia Contributor address; City; State; Zip Code El Paso, TX 79932-3170 Principal occupation / Job title (See Instructions) Employer (See Instructions) **HR** Director

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 28/173 Rpt: 34/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/04/2024 Campbell, Elizabeth J \$3.00 6 Contributor address; City; State; Zip Code Big Spring, TX 79721-0509 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/04/2024 \$3.00 Campbell, Elizabeth J Contributor address; City; State; Zip Code Big Spring, TX 79721-0509 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/04/2024 Campbell, Elizabeth J \$3.00 Contributor address; City; State; Zip Code Big Spring, TX 79721-0509 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/04/2024 \$3.00 Campbell, Elizabeth J Contributor address; City; State; Zip Code Big Spring, TX 79721-0509 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/10/2024 \$250.00 Carpenter, Christy Contributor address; City; State; Zip Code Austin, TX 78735-1635 Principal occupation / Job title (See Instructions) Employer (See Instructions) Filmmaker

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 29/173 Rpt: 35/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/29/2024 Carter, Thomas \$10.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78245-3521 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) not employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/29/2024 Carter, Thomas \$10.00 Contributor address; City; State; Zip Code San Antonio, TX 78245-3521 Principal occupation / Job title (See Instructions) Employer (See Instructions) not employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/30/2024 Carter, Thomas \$10.00 Contributor address; City; State; Zip Code San Antonio, TX 78245-3521 Principal occupation / Job title (See Instructions) Employer (See Instructions) not employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/09/2024 \$50.00 Casas, Nancy Contributor address; City; State; Zip Code El Paso, TX 79915-3314 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/10/2024 \$250.00 Casey, Jo Contributor address; City; State; Zip Code El Paso, TX 79902-2209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consulting

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 30/173 Rpt: 36/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/22/2024 Cavazos, Leticia \$44.00 6 Contributor address; City; State; Zip Code Austin, TX 78748-2963 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Teacher Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/29/2024 \$50.00 Chaffee, Dianne Contributor address; City; State; Zip Code Bothell, WA 98021-8625 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/29/2024 Chambers, Janette \$25.00 Contributor address; City; State; Zip Code Temple, TX 76501 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/29/2024 \$25.00 Chambers, Janette Contributor address; City; State; Zip Code Temple, TX 76501 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/15/2024 \$5.00 Chaussee, John Contributor address; City; State; Zip Code Dallas, TX 75235-1611 Principal occupation / Job title (See Instructions) Employer (See Instructions) Senior Director

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 31/173 Rpt: 37/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/15/2024 Chaussee, John \$5.00 6 Contributor address; City; State; Zip Code Dallas, TX 75235-1611 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Senior Director Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/15/2024 Chaussee, John \$5.00 Contributor address; City; State; Zip Code Dallas, TX 75235-1611 Principal occupation / Job title (See Instructions) Employer (See Instructions) Senior Director Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/15/2024 Chaussee, John \$5.00 Contributor address; City; State; Zip Code Dallas, TX 75235-1611 Principal occupation / Job title (See Instructions) Employer (See Instructions) Senior Director Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/21/2024 \$100.00 Chevalier, Joi Contributor address; City; State; Zip Code Austin, TX 78757-2345 Principal occupation / Job title (See Instructions) Employer (See Instructions) President Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/21/2024 \$100.00 Chevalier, Joi Contributor address; City; State; Zip Code Austin, TX 78757-2345 Principal occupation / Job title (See Instructions) Employer (See Instructions) President

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 32/173 Rpt: 38/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/21/2024 Chevalier, Joi \$100.00 6 Contributor address; City; State; Zip Code Austin, TX 78757-2345 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) President Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/21/2024 \$100.00 Chevalier, Joi Contributor address; City; State; Zip Code Austin, TX 78757-2345 Principal occupation / Job title (See Instructions) Employer (See Instructions) President Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/29/2024 Chiarito, Bebe \$5.00 Contributor address; City; State; Zip Code Portland, OR 97231-2600 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/29/2024 \$5.00 Chiarito, Bebe Contributor address; City; State; Zip Code Portland, OR 97231-2600 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/29/2024 \$5.00 Chiarito, Bebe Contributor address; City; State; Zip Code Portland, OR 97231-2600 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 33/173 Rpt: 39/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/29/2024 Chiarito, Bebe \$5.00 6 Contributor address; City; State; Zip Code Portland, OR 97231-2600 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2024 Chiarito, Bebe \$5.00 Contributor address; City; State; Zip Code Portland, OR 97231-2600 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/20/2024 Christian, Ann \$25.00 Contributor address; City; State; Zip Code Fort Worth, TX 76109-2049 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Academic Language Therapist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/20/2024 \$25.00 Christian, Ann Contributor address; City; State; Zip Code Fort Worth, TX 76109-2049 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Academic Language Therapist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/20/2024 \$25.00 Christian, Ann Contributor address; City; State; Zip Code Fort Worth, TX 76109-2049 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Academic Language Therapist

MONETAF	RY POLITICAL CONTRIBUTIC	DNS	SCHEDULE A1
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 34/173 Rpt: 40/250
2 FILER NAME Annie's List			3 Filer ID (Ethics Commission Filers) 00053715
06/20/2024	 Full name of contributor out-of-state PAC (ID#:) Christian, Ann Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$)\$25.00
	Fort Worth, TX 76109-2049		
	on / Job title (See Instructions) mic Language Therapist	9 Employer (See Instructions))
05/20/2024	Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$100.00
	Austin, TX 78717-4834 on / Job title (See Instructions)	Employer (See Instructions))
Assoc. Director	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/
02/26/2024	Full name of contributor out-of-state PAC (ID#:) Clark, Melinda Contributor address; City; State; Zip Code Houston, TX 77227-2337		Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired)	
03/26/2024	Full name of contributor out-of-state PAC (ID#:_ Clark, Melinda Contributor address; City; State; Zip Code Houston, TX 77227-2337		Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired)
04/26/2024	Full name of contributor out-of-state PAC (ID#: Clark, Melinda Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$10.00
	Houston, TX 77227-2337 on / Job title (See Instructions)	Employer (See Instructions))

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 35/173 Rpt: 41/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/26/2024 Clark, Melinda \$10.00 6 Contributor address; City; State; Zip Code Houston, TX 77227-2337 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/26/2024 \$10.00 Clark, Melinda Contributor address; City; State; Zip Code Houston, TX 77227-2337 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/14/2024 Clark, Roger \$5.00 Contributor address; City; State; Zip Code Bellingham, WA 98225-6213 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/14/2024 \$5.00 Clark, Roger Contributor address; City; State; Zip Code Bellingham, WA 98225-6213 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/14/2024 \$5.00 Clark, Roger Contributor address; City; State; Zip Code Bellingham, WA 98225-6213 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 36/173 Rpt: 42/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/14/2024 Clark, Roger \$5.00 6 Contributor address; City; State; Zip Code Bellingham, WA 98225-6213 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2024 Clark, Sandra \$250.00 Contributor address; City; State; Zip Code Beaumont, TX 77706-3634 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/27/2024 Coffin, Susan \$50.00 Contributor address; City; State; Zip Code Piedmont, CA 94611-3726 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 \$100.00 Cohen, Elizabeth Contributor address; City; State; Zip Code Austin, TX 78756-3915 Principal occupation / Job title (See Instructions) Employer (See Instructions) Advocacy director Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/22/2024 \$44.00 Cohen, Marie Contributor address; City; State; Zip Code Kyle, TX 78640-6600 Principal occupation / Job title (See Instructions) Employer (See Instructions) Commissioner

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 37/173 Rpt: 43/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/31/2024 Contardo, Nicolina \$25.00 6 Contributor address; City; State; Zip Code Hamilton Square, NJ 08690-3525 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) substitute teacher Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/02/2024 \$10.00 Corin-Ash, Leslie Contributor address; City; State; Zip Code Bedford, MA 01730-1330 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/04/2024 Corin-Ash, Leslie \$5.00 Contributor address; City; State; Zip Code Bedford, MA 01730-1330 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/08/2024 \$250.00 Courreges, David Contributor address; City; State; Zip Code Austin, TX 78739-2209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/01/2024 \$10.00 Cox, Kathryn Contributor address; City; State; Zip Code Houston, TX 77005-4278 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 38/173 Rpt: 44/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/22/2024 Coxe, Simone \$4,400.00 6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746-3601 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/18/2024 Coyle, Lynn \$500.00 Contributor address; City; State; Zip Code El Paso, TX 79930-3312 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/10/2024 Coyle, Lynn \$250.00 Contributor address; City; State; Zip Code El Paso, TX 79930-3312 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/05/2024 \$25.00 Craig, Leilani Contributor address; City; State; Zip Code Portland, OR 97201-3371 Principal occupation / Job title (See Instructions) Employer (See Instructions) Quality Analytic Reporting Specialist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/05/2024 \$25.00 Craig, Leilani Contributor address; City; State; Zip Code Portland, OR 97201-3371 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Quality Analytic Reporting Specialist**

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 39/173 Rpt: 45/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/05/2024 Craig, Leilani \$25.00 6 Contributor address; City; State; Zip Code Portland, OR 97201-3371 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Quality Analytic Reporting Specialist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/05/2024 Craig, Leilani \$25.00 Contributor address; City; State; Zip Code Portland, OR 97201-3371 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Quality Analytic Reporting Specialist** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/22/2024 Cruz, Pearl \$26.01 Contributor address; City; State; Zip Code Austin, TX 78744-3609 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/03/2024 \$100.00 Cuellar, DeAnne Contributor address; City; State; Zip Code San Antonio, TX 78212-1542 Principal occupation / Job title (See Instructions) Employer (See Instructions) Associate Director for Outreach Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/10/2024 \$1,000.00 Cummings, Michelle Contributor address; City; State; Zip Code El Paso, TX 79902-1728 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 40/173 Rpt: 46/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/20/2024 Curtiss, Jennifer \$100.00 6 Contributor address; City; State; Zip Code Austin, TX 78759-3986 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Project Manager Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/08/2024 \$40.00 DECOUX, BEVERLEE Contributor address; City; State; Zip Code Alamo, TX 78516-2604 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/08/2024 DECOUX, BEVERLEE \$40.00 Contributor address; City; State; Zip Code Alamo, TX 78516-2604 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/08/2024 \$40.00 DECOUX, BEVERLEE Contributor address; City; State; Zip Code Alamo, TX 78516-2604 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/08/2024 \$40.00 DECOUX, BEVERLEE Contributor address; City; State; Zip Code Alamo, TX 78516-2604 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 41/173 Rpt: 47/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date **5** Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/01/2024 DEMAGALHAES, PATRICIA \$5.00 6 Contributor address; City; State; Zip Code Portland, OR 97229-6382 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Substitute teacher Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/11/2024 Daniels, Nancy \$25.00 Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse practitioner Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/16/2024 \$25.00 Daniels, Nancy Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse practitioner Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/11/2024 \$25.00 Daniels, Nancy Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse practitioner Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/16/2024 \$25.00 Daniels, Nancy Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse practitioner

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 42/173 Rpt: 48/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/11/2024 Daniels, Nancy \$25.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Nurse practitioner Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/16/2024 Daniels, Nancy \$25.00 Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse practitioner Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/11/2024 \$25.00 Daniels, Nancy Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse practitioner Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/16/2024 \$25.00 Daniels, Nancy Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse practitioner Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/01/2024 \$5.00 DasGupta, Bhaskar Contributor address; City; State; Zip Code Chicago, IL 60607-3029 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 43/173 Rpt: 49/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/25/2024 Davidoff, Suzi \$50.00 6 Contributor address; City; State; Zip Code El Paso, TX 79902-2715 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Artist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/23/2024 \$100.00 Davis, Yvonne Massey Contributor address; City; State; Zip Code Austin, TX 78736-1719 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/19/2024 \$10.00 Dean-Jones, Lesley Contributor address; City; State; Zip Code Austin, TX 78751-3009 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 \$10.00 Dean-Jones, Lesley Contributor address; City; State; Zip Code Austin, TX 78751-3009 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/19/2024 \$10.00 Dean-Jones, Lesley Contributor address; City; State; Zip Code Austin, TX 78751-3009 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 44/173 Rpt: 50/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/19/2024 Dean-Jones, Lesley \$10.00 6 Contributor address; City; State; Zip Code Austin, TX 78751-3009 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Professor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/13/2024 \$20.00 Dell, Marci Contributor address; City; State; Zip Code Austin, TX 78703-5097 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/13/2024 Dell, Marci \$20.00 Contributor address; City; State; Zip Code Austin, TX 78703-5097 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/13/2024 \$20.00 Dell, Marci Contributor address; City; State; Zip Code Austin, TX 78703-5097 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/13/2024 \$20.00 Dell, Marci Contributor address; City; State; Zip Code Austin, TX 78703-5097 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 45/173 Rpt: 51/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/18/2024 Dey, Pat \$10.00 6 Contributor address; City; State; Zip Code Irvine, CA 92604-4660 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/14/2024 Dibrell, Lauri \$5.00 Contributor address; City; State; Zip Code Texas City, TX 77591-7000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Marketing Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/14/2024 Dibrell, Lauri \$5.00 Contributor address; City; State; Zip Code Texas City, TX 77591-7000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Marketing Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/14/2024 \$5.00 Dibrell, Lauri Contributor address; City; State; Zip Code Texas City, TX 77591-7000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Marketing Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/14/2024 \$5.00 Dibrell, Lauri Contributor address; City; State; Zip Code Texas City, TX 77591-7000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Marketing

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 46/173 Rpt: 52/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/22/2024 Dippel, Leslie Wood \$50.00 6 Contributor address; City; State; Zip Code Austin, TX 78749-3462 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/26/2024 \$1,000.00 Dixon, Kelly Contributor address; City; State; Zip Code West Lake Hills, TX 78746-5649 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/22/2024 Dixon, Kelly \$44.00 Contributor address; City; State; Zip Code West Lake Hills, TX 78746-5649 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 \$100.00 Dobrowolski, Florence Contributor address; City; State; Zip Code Austin, TX 78731-5550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Recruiter Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/08/2024 \$50.00 Dodson, Annette Contributor address; City; State; Zip Code Fort Worth, TX 76116-0939 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 47/173 Rpt: 53/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/22/2024 Doody, Dylan \$22.00 6 Contributor address; City; State; Zip Code Tully, NY 13159-3042 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Regional Manager** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/22/2024 Dudley, Jaquelin \$100.00 Contributor address; City; State; Zip Code Austin, TX 78759-8025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/22/2024 Dudley, Jaquelin \$100.00 Contributor address; City; State; Zip Code Austin, TX 78759-8025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 \$100.00 Dudley, Jaquelin Contributor address; City; State; Zip Code Austin, TX 78759-8025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/22/2024 \$100.00 Dudley, Jaquelin Contributor address; City; State; Zip Code Austin, TX 78759-8025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 48/173 Rpt: 54/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/01/2024 Dunlap, Deborah \$25.00 6 Contributor address; City; State; Zip Code Marble Falls, TX 78654-1384 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CPA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/19/2024 Dunlap, Deborah \$25.00 Contributor address; City; State; Zip Code Marble Falls, TX 78654-1384 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/29/2024 Duty, Cory \$10.00 Contributor address; City; State; Zip Code Lakeway, TX 78734-5331 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/23/2024 \$25.00 Ebanks, Cecil Contributor address; City; State; Zip Code Splendora, TX 77372-4990 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/05/2024 Ecklund, Jennifer \$2,500.00 Contributor address; City; State; Zip Code Dallas, TX 75238-2611 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 49/173 Rpt: 55/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/18/2024 Elder, Charlotte \$10.00 6 Contributor address; City; State; Zip Code Humble, TX 77396-4243 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/02/2024 Elliott-Smart, Patricia \$5.00 Contributor address; City; State; Zip Code Abilene, TX 79605-4916 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/02/2024 Elliott-Smart, Patricia \$5.00 Contributor address; City; State; Zip Code Abilene, TX 79605-4916 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/02/2024 \$5.00 Elliott-Smart, Patricia Contributor address; City; State; Zip Code Abilene, TX 79605-4916 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/02/2024 \$5.00 Elliott-Smart, Patricia Contributor address; City; State; Zip Code Abilene, TX 79605-4916 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 50/173 Rpt: 56/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/19/2024 Ellison, Helen \$25.00 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102-3708 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/20/2024 \$103.45 Erickson, Kristin Contributor address; City; State; Zip Code Portland, OR 97229-8940 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/13/2024 Erickson, Quincy \$25.00 Contributor address; City; State; Zip Code Austin, TX 78703-5147 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chef Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/13/2024 \$25.00 Erickson, Quincy Contributor address; City; State; Zip Code Austin, TX 78703-5147 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chef Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/13/2024 \$25.00 Erickson, Quincy Contributor address; City; State; Zip Code Austin, TX 78703-5147 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chef

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 51/173 Rpt: 57/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/13/2024 Erickson, Quincy \$25.00 6 Contributor address; City; State; Zip Code Austin, TX 78703-5147 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Chef Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/21/2024 \$10.00 Escobar, Analysse Contributor address; City; State; Zip Code Washington, DC 20002-7373 Principal occupation / Job title (See Instructions) Employer (See Instructions) White house liaison Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/21/2024 Escobar, Analysse \$10.00 Contributor address; City; State; Zip Code Washington, DC 20002-7373 Principal occupation / Job title (See Instructions) Employer (See Instructions) White house liaison Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/21/2024 \$10.00 Escobar, Analysse Contributor address; City; State; Zip Code Washington, DC 20002-7373 Principal occupation / Job title (See Instructions) Employer (See Instructions) White house liaison Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/21/2024 Escobar, Analysse \$10.00 Contributor address; City; State; Zip Code Washington, DC 20002-7373 Principal occupation / Job title (See Instructions) Employer (See Instructions) White house liaison

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 52/173 Rpt: 58/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/27/2024 Esherick, Lisa \$25.00 6 Contributor address; City; State; Zip Code Berkeley, CA 94703-1904 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) artist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/27/2024 \$10.00 Estabrook, Helen Contributor address; City; State; Zip Code Houston, TX 77019-3540 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/29/2024 Estabrook, Helen \$10.00 Contributor address; City; State; Zip Code Houston, TX 77019-3540 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2024 \$30.00 Estabrook, Helen Contributor address; City; State; Zip Code Houston, TX 77019-3540 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/22/2024 \$44.00 Estrada, Linda Contributor address; City; State; Zip Code Donna, TX 78537-2409 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Campus Secretary**

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 53/173 Rpt: 59/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/22/2024 Estrada, Linda \$44.00 6 Contributor address; City; State; Zip Code Donna, TX 78537-2409 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Campus Secretary** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2024 \$100.00 Estus, Lisa M Contributor address; City; State; Zip Code Austin, TX 78737-4715 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sr. Business Systems Analyst Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/29/2024 \$25.00 Estus, Lisa M Contributor address; City; State; Zip Code Austin, TX 78737-4715 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sr. Business Systems Analyst Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/29/2024 \$100.00 Farmer, Carolyn Contributor address; City; State; Zip Code Waco, TX 76710-1675 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/07/2024 \$10.00 Farmer, Heather Contributor address; City; State; Zip Code Center Point, TX 78010-3503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Teacher

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 54/173 Rpt: 60/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/07/2024 Farmer, Heather \$10.00 6 Contributor address; City; State; Zip Code Center Point, TX 78010-3503 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Teacher Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/07/2024 \$10.00 Farmer, Heather Contributor address; City; State; Zip Code Center Point, TX 78010-3503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Teacher Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/07/2024 Farmer, Heather \$10.00 Contributor address; City; State; Zip Code Center Point, TX 78010-3503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Teacher Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/12/2024 \$25.00 Farquhar, John Contributor address; City; State; Zip Code Plantation, FL 33317-3331 Principal occupation / Job title (See Instructions) Employer (See Instructions) attorney Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/09/2024 \$25.00 Fasken, Andy Contributor address; City; State; Zip Code Paris, TX 75462 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 55/173 Rpt: 61/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/09/2024 Fasken, Andy \$25.00 6 Contributor address; City; State; Zip Code Paris, TX 75462 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/09/2024 Fasken, Andy \$25.00 Contributor address; City; State; Zip Code Paris, TX 75462 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/09/2024 Fasken, Andy \$25.00 Contributor address; City; State; Zip Code Paris, TX 75462 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 \$250.00 Faulkner, Amonica Contributor address; City; State; Zip Code Austin, TX 78746-1805 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sr Director Marketing Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/22/2024 \$44.00 Fierro Perez, Rocio Contributor address; City; State; Zip Code Austin, TX 78731-2584 Principal occupation / Job title (See Instructions) Employer (See Instructions) Political Coordinator

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 56/173 Rpt: 62/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/29/2024 Firestone, Raymond \$15.00 6 Contributor address; City; State; Zip Code New York, NY 10023-2667 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2024 Firestone, Raymond \$25.00 Contributor address; City; State; Zip Code New York, NY 10023-2667 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/18/2024 \$100.00 Flanagan, Mary Contributor address; City; State; Zip Code San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/18/2024 \$100.00 Flanagan, Mary Contributor address; City; State; Zip Code San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/18/2024 \$100.00 Flanagan, Mary Contributor address; City; State; Zip Code San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 57/173 Rpt: 63/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/18/2024 Flanagan, Mary \$100.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-3702 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Consultant Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/30/2024 \$10.00 Flanagan, Susan Contributor address; City; State; Zip Code Richardson, TX 75080-4911 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/14/2024 Flores, Marion \$1,500.00 Contributor address; City; State; Zip Code Dallas, TX 75219-5503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/19/2024 \$10.00 Fossler, Kerry Contributor address; City; State; Zip Code Bastrop, TX 78602-2135 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Real Estate Agent** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/19/2024 \$10.00 Fossler, Kerry Contributor address; City; State; Zip Code Bastrop, TX 78602-2135 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Real Estate Agent**

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 58/173 Rpt: 64/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/19/2024 Fossler, Kerry \$10.00 6 Contributor address; City; State; Zip Code Bastrop, TX 78602-2135 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Real Estate Agent** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/19/2024 \$10.00 Fossler, Kerry Contributor address; City; State; Zip Code Bastrop, TX 78602-2135 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Real Estate Agent** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/16/2024 Fowler, Michael \$50.00 Contributor address; City; State; Zip Code Chicago, IL 60637-3812 Principal occupation / Job title (See Instructions) Employer (See Instructions) Manager Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/16/2024 \$50.00 Fowler, Michael Contributor address; City; State; Zip Code Chicago, IL 60637-3812 Principal occupation / Job title (See Instructions) Employer (See Instructions) Manager Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/16/2024 \$50.00 Fowler, Michael Contributor address; City; State; Zip Code Chicago, IL 60637-3812 Principal occupation / Job title (See Instructions) Employer (See Instructions) Manager

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 59/173 Rpt: 65/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/16/2024 Fowler, Michael \$50.00 6 Contributor address; City; State; Zip Code Chicago, IL 60637-3812 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Manager Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/02/2024 Fowles, Nicole \$25.00 Contributor address; City; State; Zip Code Helotes, TX 78023-4168 Principal occupation / Job title (See Instructions) Employer (See Instructions) Manager Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/02/2024 Fowles, Nicole \$25.00 Contributor address; City; State; Zip Code Helotes, TX 78023-4168 Principal occupation / Job title (See Instructions) Employer (See Instructions) Manager Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/02/2024 \$25.00 Fowles, Nicole Contributor address; City; State; Zip Code Helotes, TX 78023-4168 Principal occupation / Job title (See Instructions) Employer (See Instructions) Manager Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/02/2024 \$25.00 Fowles, Nicole Contributor address; City; State; Zip Code Helotes, TX 78023-4168 Principal occupation / Job title (See Instructions) Employer (See Instructions) Manager

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 60/173 Rpt: 66/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/28/2024 Freer, Jill \$23.00 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-2236 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/28/2024 Freer, Jill \$23.00 Contributor address; City; State; Zip Code Fort Worth, TX 76107-2236 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/28/2024 \$23.00 Freer, Jill Contributor address; City; State; Zip Code Fort Worth, TX 76107-2236 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/28/2024 \$23.00 Freer, Jill Contributor address; City; State; Zip Code Fort Worth, TX 76107-2236 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/28/2024 \$23.00 Freer, Jill Contributor address; City; State; Zip Code Fort Worth, TX 76107-2236 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 61/173 Rpt: 67/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/02/2024 Froemming, Maria \$50.00 6 Contributor address; City; State; Zip Code Coppell, TX 75019-7333 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Deputy Campaign Mge Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/02/2024 \$50.00 Froemming, Maria Contributor address; City; State; Zip Code Coppell, TX 75019-7333 Principal occupation / Job title (See Instructions) Employer (See Instructions) Deputy Campaign Mge Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/02/2024 Froemming, Maria \$50.00 Contributor address; City; State; Zip Code Coppell, TX 75019-7333 Principal occupation / Job title (See Instructions) Employer (See Instructions) Deputy Campaign Mge Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/01/2024 \$500.00 Fuentes, Vanessa Contributor address; City; State; Zip Code Austin, TX 78744-6444 Principal occupation / Job title (See Instructions) Employer (See Instructions) district rep Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/22/2024 Fuentes, Vanessa \$22.00 Contributor address; City; State; Zip Code Austin, TX 78744-6444 Principal occupation / Job title (See Instructions) Employer (See Instructions) district rep

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 62/173 Rpt: 68/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/29/2024 Furlong, Alexandra \$10.00 6 Contributor address; City; State; Zip Code Austin, TX 78731-5206 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/30/2024 \$10.00 Furlong, Alexandra Contributor address; City; State; Zip Code Austin, TX 78731-5206 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/31/2024 Furlong, Alexandra \$10.00 Contributor address; City; State; Zip Code Austin, TX 78731-5206 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2024 \$10.00 Furlong, Alexandra Contributor address; City; State; Zip Code Austin, TX 78731-5206 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/31/2024 \$10.00 Furlong, Alexandra Contributor address; City; State; Zip Code Austin, TX 78731-5206 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 63/173 Rpt: 69/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/30/2024 Furlong, Alexandra \$10.00 6 Contributor address; City; State; Zip Code Austin, TX 78731-5206 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/21/2024 Gallagher, Ali \$250.00 Contributor address; City; State; Zip Code Austin, TX 78701-4149 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/22/2024 Gammage, Lynda \$22.00 Contributor address; City; State; Zip Code Llano, TX 78643-2030 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/09/2024 \$100.00 Ganguly, Ashika Contributor address; City; State; Zip Code Austin, TX 78703-3789 Principal occupation / Job title (See Instructions) Employer (See Instructions) Candidate Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/17/2024 Garber, Martha \$15.00 Contributor address; City; State; Zip Code Coppell, TX 75019-5820 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 64/173 Rpt: 70/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/17/2024 Garber, Martha \$15.00 6 Contributor address; City; State; Zip Code Coppell, TX 75019-5820 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/17/2024 Garber, Martha \$15.00 Contributor address; City; State; Zip Code Coppell, TX 75019-5820 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/17/2024 Garber, Martha \$15.00 Contributor address; City; State; Zip Code Coppell, TX 75019-5820 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/29/2024 \$5.00 Garcia, Danna Contributor address; City; State; Zip Code Amarillo, TX 79110-1635 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Donor Services** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/31/2024 \$5.00 Garcia, Danna Contributor address; City; State; Zip Code Amarillo, TX 79110-1635 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Donor Services**

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 65/173 Rpt: 71/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/30/2024 Garcia, Danna \$5.00 6 Contributor address; City; State; Zip Code Amarillo, TX 79110-1635 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Donor Services** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/31/2024 Garcia, Danna \$5.00 Contributor address; City; State; Zip Code Amarillo, TX 79110-1635 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Donor Services** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/30/2024 Garcia, Danna \$5.00 Contributor address; City; State; Zip Code Amarillo, TX 79110-1635 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Donor Services** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/20/2024 \$1,032.70 Garcia, Manny Contributor address; City; State; Zip Code Austin, TX 78704-3046 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/22/2024 \$44.00 Garza, Jose Contributor address; City; State; Zip Code Austin, TX 78752-3123 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 66/173 Rpt: 72/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/22/2024 Garza, Linda \$44.00 6 Contributor address; City; State; Zip Code Austin, TX 78731-4401 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/24/2024 \$44.00 Garza, Linda Contributor address; City; State; Zip Code Austin, TX 78731-4401 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/30/2024 \$25.00 Gemoets, Ernesto Contributor address; City; State; Zip Code El Paso, TX 79925-4819 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/09/2024 \$25.00 Gentry, Karen Contributor address; City; State; Zip Code Austin, TX 78703-1962 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/09/2024 \$25.00 Gentry, Karen Contributor address; City; State; Zip Code Austin, TX 78703-1962 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 67/173 Rpt: 73/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/09/2024 Gentry, Karen \$25.00 6 Contributor address; City; State; Zip Code Austin, TX 78703-1962 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/09/2024 Gentry, Karen \$25.00 Contributor address; City; State; Zip Code Austin, TX 78703-1962 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/05/2024 George, Cheryl \$510.00 Contributor address; City; State; Zip Code Austin, TX 78746-5755 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/06/2024 \$250.00 Gerbracht, Heidi L. Contributor address; City; State; Zip Code Austin, TX 78702-2238 Principal occupation / Job title (See Instructions) Employer (See Instructions) re:power Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/16/2024 \$30.00 Gerbracht, Heidi L. Contributor address; City; State; Zip Code Austin, TX 78702-2238 Principal occupation / Job title (See Instructions) Employer (See Instructions) re:power

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE	A1
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The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 68/173 Rpt: 74/250		
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
	Annie's List				00053715	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/22/2024	Gerbracht, Heidi L.	/			\$122.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78702-2238				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	re:power					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/16/2024	Gerbracht, Heidi L.	/		/ incom of contribution (+)	\$30.00
		Contributor address; City; State; Zip Code				+00100
		Contributor address, City, State, Zip Code				
		Austin, TX 78702-2238				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	re:power					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/07/2024	Gharbi, Mojdeh	/		(1)	\$1,500.00
		Austin, TX 78756-1622				
Principal occupation / Job title (See Instructions) Employer (See Instructions))				
	VP of ops &	mkting				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/01/2024	Giles, Al				\$20.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78763-0360				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Retired					
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/14/2024	Giles, Al				\$50.00
		Contributor address; City; State; Zip Code				
L		Austin, TX 78763-0360				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
L	Retired					
1						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 69/173 Rpt: 75/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/14/2024 Giles, Al \$250.00 6 Contributor address; City; State; Zip Code Austin, TX 78763-0360 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/14/2024 \$50.00 Giles, Al Contributor address; City; State; Zip Code Austin, TX 78763-0360 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/14/2024 Giles, Al \$50.00 Contributor address; City; State; Zip Code Austin, TX 78763-0360 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/14/2024 \$50.00 Giles, Al Contributor address; City; State; Zip Code Austin, TX 78763-0360 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/22/2024 \$100.00 Gilpin, Charlotte Contributor address; City; State; Zip Code Austin, TX 78737-2513 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Civil Engineer**

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 70/173 Rpt: 76/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/22/2024 Gilpin, Charlotte \$250.00 6 Contributor address; City; State; Zip Code Austin, TX 78737-2513 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Civil Engineer** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/05/2024 Girdley, Shandelle \$250.00 Contributor address; City; State; Zip Code San Antonio, TX 78209-2231 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/09/2024 Glass, Allison \$500.00 Contributor address; City; State; Zip Code El Paso, TX 79902-2201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Director Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/10/2024 \$500.00 Glass, Allison Contributor address; City; State; Zip Code El Paso, TX 79902-2201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Director Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/29/2024 \$10.00 Glass, Nancy Contributor address; City; State; Zip Code Austin, TX 78722-1201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 71/173 Rpt: 77/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/19/2024 Goerner, Jon \$5.00 6 Contributor address; City; State; Zip Code Dallas, TX 75205-4109 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retail Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 Goerner, Jon \$5.00 Contributor address; City; State; Zip Code Dallas, TX 75205-4109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retail Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/19/2024 Goerner, Jon \$5.00 Contributor address; City; State; Zip Code Dallas, TX 75205-4109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retail Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/19/2024 \$5.00 Goerner, Jon Contributor address; City; State; Zip Code Dallas, TX 75205-4109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retail Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/22/2024 \$22.00 Goodwin, Amber Contributor address; City; State; Zip Code Manor, TX 78653-2374 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lawyer

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 72/173 Rpt: 78/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/20/2024 Gorsky, Laura \$250.00 6 Contributor address; City; State; Zip Code Washington, DC 20009-3655 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Deputy Political Director** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/29/2024 Gould, Diana \$25.00 Contributor address; City; State; Zip Code Pacific Palisades, CA 90272-2613 Principal occupation / Job title (See Instructions) Employer (See Instructions) writer Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/10/2024 Grasheim, Elena \$103.45 Contributor address; City; State; Zip Code El Paso, TX 79932-2550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 Greene, Jehmu \$44.00 Contributor address; City; State; Zip Code Austin, TX 78737-2891 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/10/2024 \$20.00 Greene, Zina Contributor address; City; State; Zip Code Washington, DC 20008-5112 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 73/173 Rpt: 79/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/10/2024 Greene, Zina \$20.00 6 Contributor address; City; State; Zip Code Washington, DC 20008-5112 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/10/2024 \$20.00 Greene, Zina Contributor address; City; State; Zip Code Washington, DC 20008-5112 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/10/2024 \$20.00 Greene, Zina Contributor address; City; State; Zip Code Washington, DC 20008-5112 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/05/2024 \$10.00 Greenfield, Stuart J Contributor address; City; State; Zip Code Austin, TX 78757-6811 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lecturer Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/05/2024 \$10.00 Greenfield, Stuart J Contributor address; City; State; Zip Code Austin, TX 78757-6811 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lecturer

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 74/173 Rpt: 80/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/05/2024 Greenfield, Stuart J 6 Contributor address; City; State; Zip Code Austin, TX 78757-6811 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Lecturer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/05/2024 Greenfield, Stuart J Contributor address; City; State; Zip Code Austin, TX 78757-6811 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lecturer Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/18/2024 Guild-Stitt, Sharon Contributor address; City; State; Zip Code Helotes, TX 78023-4171 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/14/2024 HUSTON Ph.D, ALETHA C Contributor address; City; State; Zip Code Austin, TX 78751-3522 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:) 05/16/2024 Hall, Dottie Contributor address; City; State; Zip Code

	Austin, TX 78731-3133		
Principal occupation / Job title (See Instructions)		Employer (See Instructions	;)
Assistant Professor of Practice			

\$10.00

\$10.00

\$5.00

\$250.00

\$500.00

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 75/173 Rpt: 81/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/28/2024 Hall, John \$100.00 6 Contributor address; City; State; Zip Code Austin, TX 78750-1538 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/28/2024 \$100.00 Hall, John Contributor address; City; State; Zip Code Austin, TX 78750-1538 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/28/2024 Hall, John \$100.00 Contributor address; City; State; Zip Code Austin, TX 78750-1538 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/28/2024 \$100.00 Hall, John Contributor address; City; State; Zip Code Austin, TX 78750-1538 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/28/2024 \$100.00 Hall, John Contributor address; City; State; Zip Code Austin, TX 78750-1538 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 76/173 Rpt: 82/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/12/2024 Hampton, Linda \$5.00 6 Contributor address; City; State; Zip Code Austin, TX 78759-3968 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/12/2024 Hampton, Linda \$5.00 Contributor address; City; State; Zip Code Austin, TX 78759-3968 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/12/2024 Hampton, Linda \$5.00 Contributor address; City; State; Zip Code Austin, TX 78759-3968 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/12/2024 \$5.00 Hampton, Linda Contributor address; City; State; Zip Code Austin, TX 78759-3968 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/09/2024 \$25.00 Hanks, Kendyl Contributor address; City; State; Zip Code Austin, TX 78704-3624 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lawyer

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 77/173 Rpt: 83/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/09/2024 Hanks, Kendyl \$25.00 6 Contributor address; City; State; Zip Code Austin, TX 78704-3624 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Lawyer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/09/2024 Hanks, Kendyl \$25.00 Contributor address; City; State; Zip Code Austin, TX 78704-3624 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lawyer Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/09/2024 Hanks, Kendyl \$25.00 Contributor address; City; State; Zip Code Austin, TX 78704-3624 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lawyer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/25/2024 \$500.00 Haribhai, Parul Contributor address; City; State; Zip Code El Paso, TX 79902-3230 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Physical Therapist** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/20/2024 \$209.00 Harper, Lis Contributor address; City; State; Zip Code Houston, TX 77030-2028 Principal occupation / Job title (See Instructions) Employer (See Instructions) Senior Client and Project Manager

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 78/173 Rpt: 84/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/20/2024 Harper, Lis \$209.00 6 Contributor address; City; State; Zip Code Houston, TX 77030-2028 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Senior Client and Project Manager Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/20/2024 \$209.00 Harper, Lis Contributor address; City; State; Zip Code Houston, TX 77030-2028 Principal occupation / Job title (See Instructions) Employer (See Instructions) Senior Client and Project Manager Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/20/2024 Harper, Lis \$209.00 Contributor address; City; State; Zip Code Houston, TX 77030-2028 Principal occupation / Job title (See Instructions) Employer (See Instructions) Senior Client and Project Manager Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/06/2024 \$100.00 Harris, Barbara Contributor address; City; State; Zip Code Austin, TX 78703-1164 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/23/2024 \$100.00 Haupt, Brenda Contributor address; City; State; Zip Code Ennis, TX 75119-7267 Principal occupation / Job title (See Instructions) Employer (See Instructions) COO/Owner

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 79/173 Rpt: 85/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/08/2024 Haupt, Brenda \$516.45 6 Contributor address; City; State; Zip Code Ennis. TX 75119-7267 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Manufacturer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/09/2024 Hayes McMahon, Shellie \$125.00 Contributor address; City; State; Zip Code Cedar Park, TX 78613-3260 Principal occupation / Job title (See Instructions) Employer (See Instructions) ED Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/09/2024 Hayes McMahon, Shellie \$125.00 Contributor address; City; State; Zip Code Cedar Park, TX 78613-3260 Principal occupation / Job title (See Instructions) Employer (See Instructions) ED Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/20/2024 \$250.00 Haynes, Sean Contributor address; City; State; Zip Code Austin, TX 78768-2117 Principal occupation / Job title (See Instructions) Employer (See Instructions) consultant Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/29/2024 \$10.00 Hebley, Sandi Contributor address; City; State; Zip Code Dallas, TX 75230-2240 Principal occupation / Job title (See Instructions) Employer (See Instructions) **RN LMSW**

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 80/173 Rpt: 86/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/18/2024 Hebley, Sandi \$10.00 6 Contributor address; City; State; Zip Code Dallas, TX 75230-2240 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **RN LMSW** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/21/2024 Heddleston, Lindsey \$250.00 Contributor address; City; State; Zip Code Austin, TX 78705-2320 Principal occupation / Job title (See Instructions) Employer (See Instructions) Therapist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/16/2024 \$250.00 Henderson, Mary Contributor address; City; State; Zip Code Austin, TX 78739-1581 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/01/2024 Hepper, Vernon \$10.00 Contributor address; City; State; Zip Code Sarasota, FL 34237-3520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/10/2024 \$50.00 Hernandez, Cassandra Contributor address; City; State; Zip Code El Paso, TX 79915-2528 Principal occupation / Job title (See Instructions) Employer (See Instructions) City Rep

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 81/173 Rpt: 87/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/22/2024 Hernandez, Laura \$444.00 6 Contributor address; City; State; Zip Code Austin, TX 78730-4214 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Managing Partner Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/08/2024 \$10.00 Hernholm, Cameron Contributor address; City; State; Zip Code Dallas, TX 75223-1124 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief Philanthropy Officer Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/08/2024 Hernholm, Cameron \$10.00 Contributor address; City; State; Zip Code Dallas, TX 75223-1124 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief Philanthropy Officer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/08/2024 Hernholm, Cameron \$10.00 Contributor address; City; State; Zip Code Dallas, TX 75223-1124 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief Philanthropy Officer Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/08/2024 \$10.00 Hernholm, Cameron Contributor address; City; State; Zip Code Dallas, TX 75223-1124 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief Philanthropy Officer

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 82/173 Rpt: 88/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/13/2024 Herzele, Charlotte \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78751-4721 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Lecturer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 Herzele, Charlotte \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78751-4721 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lecturer Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/02/2024 Hester, Tina \$500.00 Contributor address; City; State; Zip Code Austin, TX 78737-3124 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/29/2024 \$25.00 Hobbs, Ann Contributor address; City; State; Zip Code Silver Spring, MD 20901-4020 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/14/2024 \$45.00 Hodges, Adam Contributor address; City; State; Zip Code Houston, TX 77006-4218 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 83/173 Rpt: 89/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/14/2024 Hodges, Adam \$45.00 6 Contributor address; City; State; Zip Code Houston, TX 77006-4218 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Professor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/14/2024 \$45.00 Hodges, Adam Contributor address; City; State; Zip Code Houston, TX 77006-4218 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/14/2024 Hodges, Adam \$45.00 Contributor address; City; State; Zip Code Houston, TX 77006-4218 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/31/2024 \$10.00 Hoffman, Nathalie Contributor address; City; State; Zip Code Marina Del Rey, CA 90292-9244 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney/business consultant Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/21/2024 \$18.00 Holzer, Jean Contributor address; City; State; Zip Code Galveston, TX 77551-1745 Principal occupation / Job title (See Instructions) Employer (See Instructions) systems & data analyst

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 84/173 Rpt: 90/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/21/2024 Holzer, Jean \$18.00 6 Contributor address; City; State; Zip Code Galveston, TX 77551-1745 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) systems & data analyst Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 05/21/2024 Holzer, Jean \$18.00 Contributor address; City; State; Zip Code Galveston, TX 77551-1745 Principal occupation / Job title (See Instructions) Employer (See Instructions) systems & data analyst Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/21/2024 Holzer, Jean \$18.00 Contributor address; City; State; Zip Code Galveston, TX 77551-1745 Principal occupation / Job title (See Instructions) Employer (See Instructions) systems & data analyst Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/23/2024 \$222.00 Hoot, Leshia Contributor address; City; State; Zip Code Austin, TX 78759-4766 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/01/2024 Horak, Ann \$1,032.70 Contributor address; City; State; Zip Code El Paso, TX 79902-2614 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 85/173 Rpt: 91/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/22/2024 Horan, Sarah \$22.00 6 Contributor address; City; State; Zip Code Austin, TX 78748-1251 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) teacher Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2024 Horton, Harriet S \$10.00 Contributor address; City; State; Zip Code Cedar Park, TX 78613-3480 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/27/2024 Howard, Elaine \$30.00 Contributor address; City; State; Zip Code Houston, TX 77025-3663 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/27/2024 \$30.00 Howard, Elaine Contributor address; City; State; Zip Code Houston, TX 77025-3663 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/27/2024 \$30.00 Howard, Elaine Contributor address; City; State; Zip Code Houston, TX 77025-3663 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 86/173 Rpt: 92/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/27/2024 Howard, Elaine \$30.00 6 Contributor address; City; State; Zip Code Houston, TX 77025-3663 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/27/2024 \$30.00 Howard, Elaine Contributor address; City; State; Zip Code Houston, TX 77025-3663 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/22/2024 Howard, Stephanie \$44.00 Contributor address; City; State; Zip Code Austin, TX 78745-3551 Principal occupation / Job title (See Instructions) Employer (See Instructions) Social worker Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/29/2024 \$25.00 Hunt, Amy Contributor address; City; State; Zip Code Dallas, TX 75229-5048 Principal occupation / Job title (See Instructions) Employer (See Instructions) Legal marketing Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/30/2024 \$25.00 Hunt, Amy Contributor address; City; State; Zip Code Dallas, TX 75229-5048 Principal occupation / Job title (See Instructions) Employer (See Instructions) Legal marketing

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 87/173 Rpt: 93/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/30/2024 Hunt, Amy \$25.00 6 Contributor address; City; State; Zip Code Dallas, TX 75229-5048 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Legal marketing Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/30/2024 Hunt, Amy \$25.00 Contributor address; City; State; Zip Code Dallas, TX 75229-5048 Principal occupation / Job title (See Instructions) Employer (See Instructions) Legal marketing Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/30/2024 Hunt, Amy \$25.00 Contributor address; City; State; Zip Code Dallas, TX 75229-5048 Principal occupation / Job title (See Instructions) Employer (See Instructions) Legal marketing Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/04/2024 \$350.00 Hunter, Laura Hunter Contributor address; City; State; Zip Code Fort Worth, TX 76109-1604 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Finance Officer** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/08/2024 Hutcheson, Shannon \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78705-2316 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 88/173 Rpt: 94/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/29/2024 Intebi, Laura \$51.83 6 Contributor address; City; State; Zip Code El Paso, TX 79902-2103 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Research Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 Jackson, Rachel \$250.00 Contributor address; City; State; Zip Code Austin, TX 78746-6109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/29/2024 Jackson, Sharon Jackson \$50.00 Contributor address; City; State; Zip Code Dallas, TX 75243-2052 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/12/2024 \$100.00 Jackson Jr., Kevin M. Contributor address; City; State; Zip Code Austin, TX 78748-6415 Principal occupation / Job title (See Instructions) Employer (See Instructions) Educational Diagnostician Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/23/2024 \$25.00 James, Marge Contributor address; City; State; Zip Code Farmers Branch, TX 75234-2550 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 89/173 Rpt: 95/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/26/2024 James, Marge \$25.00 6 Contributor address; City; State; Zip Code Farmers Branch, TX 75234-2550 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/10/2024 \$50.00 Jay, Patricia Contributor address; City; State; Zip Code El Paso, TX 79912-3451 Principal occupation / Job title (See Instructions) Employer (See Instructions) attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/18/2024 Jenkins, Joan \$50.00 Contributor address; City; State; Zip Code Wimberley, TX 78676-5201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/20/2024 \$1,000.00 Jenkins, Sharon Rae (Dr.) Contributor address; City; State; Zip Code Denton, TX 76207-2204 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 03/17/2024 \$100.00 Johnson-Blalock, Jennifer Contributor address; City; State; Zip Code New York, NY 10001-6261 Principal occupation / Job title (See Instructions) Employer (See Instructions) literary agent

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 90/173 Rpt: 96/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/17/2024 Johnson-Blalock, Jennifer \$100.00 6 Contributor address; City; State; Zip Code New York, NY 10001-6261 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) literary agent Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/17/2024 \$100.00 Johnson-Blalock, Jennifer Contributor address; City; State; Zip Code New York, NY 10001-6261 Principal occupation / Job title (See Instructions) Employer (See Instructions) literary agent Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/17/2024 Johnson-Blalock, Jennifer \$100.00 Contributor address; City; State; Zip Code New York, NY 10001-6261 Principal occupation / Job title (See Instructions) Employer (See Instructions) literary agent Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/13/2024 Jones, Melissa A \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78703-4013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 05/17/2024 Joseph Moody Campaign \$2,500.00 Contributor address; City; State; Zip Code El Paso, TX 79902-0015 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 91/173 Rpt: 97/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/26/2024 Judkins, Kay \$10.00 6 Contributor address; City; State; Zip Code Fort Worth, TX 76135-9310 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/29/2024 \$10.00 KING, STEPHEN Contributor address; City; State; Zip Code Houston, TX 77061-3831 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/29/2024 KING, STEPHEN \$10.00 Contributor address; City; State; Zip Code Houston, TX 77061-3831 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/29/2024 \$10.00 KING, STEPHEN Contributor address; City; State; Zip Code Houston, TX 77061-3831 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/29/2024 \$10.00 KING, STEPHEN Contributor address; City; State; Zip Code Houston, TX 77061-3831 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 92/173 Rpt: 98/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/29/2024 KING, STEPHEN \$10.00 6 Contributor address; City; State; Zip Code Houston, TX 77061-3831 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Professor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/10/2024 \$100.00 Kaplan, Austin Contributor address; City; State; Zip Code Austin, TX 78726-1467 Principal occupation / Job title (See Instructions) Employer (See Instructions) Kaplan Law Firm PLLC Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/29/2024 Karempudi, Sahiti \$200.00 Contributor address; City; State; Zip Code Austin, TX 78702-5313 Principal occupation / Job title (See Instructions) Employer (See Instructions) program coordinator Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/31/2024 \$200.00 Karempudi, Sahiti Contributor address; City; State; Zip Code Austin, TX 78702-5313 Principal occupation / Job title (See Instructions) Employer (See Instructions) program coordinator Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/27/2024 Karempudi, Sahiti \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78702-5313 Principal occupation / Job title (See Instructions) Employer (See Instructions) program coordinator

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 93/173 Rpt: 99/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/30/2024 Karempudi, Sahiti \$200.00 6 Contributor address; City; State; Zip Code Austin, TX 78702-5313 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) program coordinator Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/31/2024 \$200.00 Karempudi, Sahiti Contributor address; City; State; Zip Code Austin, TX 78702-5313 Principal occupation / Job title (See Instructions) Employer (See Instructions) program coordinator Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/30/2024 Karempudi, Sahiti \$200.00 Contributor address; City; State; Zip Code Austin, TX 78702-5313 Principal occupation / Job title (See Instructions) Employer (See Instructions) program coordinator Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2024 \$50.00 Karny, Lori Contributor address; City; State; Zip Code Los Angeles, CA 90048-5126 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Clinical Social Worker** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/20/2024 \$25.00 Karny, Lori Contributor address; City; State; Zip Code Los Angeles, CA 90048-5126 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Clinical Social Worker**

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 94/173 Rpt: 100/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/03/2024 Khoslas, Joan \$20.00 6 Contributor address; City; State; Zip Code Houston, TX 77292-0720 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CPA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/03/2024 \$20.00 Khoslas, Joan Contributor address; City; State; Zip Code Houston, TX 77292-0720 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/03/2024 Khoslas, Joan \$20.00 Contributor address; City; State; Zip Code Houston, TX 77292-0720 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/03/2024 \$20.00 Khoslas, Joan Contributor address; City; State; Zip Code Houston, TX 77292-0720 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2024 \$20.00 King, Pamela Contributor address; City; State; Zip Code Georgetown, TX 78626-2382 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 95/173 Rpt: 101/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/04/2024 Koli, Anuradha \$77.64 6 Contributor address; City; State; Zip Code Austin, TX 78723-0005 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Director Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/24/2024 Koli, Anuradha \$20.85 Contributor address; City; State; Zip Code Austin, TX 78723-0005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Director Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/30/2024 Kolodzey, Kelly \$50.00 Contributor address; City; State; Zip Code Buda, TX 78610-3156 Principal occupation / Job title (See Instructions) Employer (See Instructions) Marketing Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/08/2024 \$103.45 Krasne, Rebecca Contributor address; City; State; Zip Code El Paso, TX 79902-2118 Principal occupation / Job title (See Instructions) Employer (See Instructions) NA Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/10/2024 \$103.45 Krasne, Rebecca Contributor address; City; State; Zip Code El Paso, TX 79902-2118 Principal occupation / Job title (See Instructions) Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 96/173 Rpt: 102/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/01/2024 Krig, rObin \$5.00 6 Contributor address; City; State; Zip Code Canyon Lake, TX 78133-4925 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/06/2024 Kripa, Ersela \$51.83 Contributor address; City; State; Zip Code El Paso, TX 79902-4220 Principal occupation / Job title (See Instructions) Employer (See Instructions) Architect Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/22/2024 \$22.00 Krueger, Mariana Faye Contributor address; City; State; Zip Code Austin, TX 78723-6115 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant campaign manager Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/09/2024 \$103.45 Krumme, Robin Contributor address; City; State; Zip Code Austin, TX 78703-5201 Principal occupation / Job title (See Instructions) Employer (See Instructions) personal trainer Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/27/2024 \$25.00 LOWREY, AMY L Contributor address; City; State; Zip Code Austin, TX 78704-2412 Principal occupation / Job title (See Instructions) Employer (See Instructions) singer

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 97/173 Rpt: 103/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/14/2024 LOWREY, AMY L \$50.00 6 Contributor address; City; State; Zip Code Austin, TX 78704-2412 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) singer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/16/2024 \$10.00 LOWREY, AMY L Contributor address; City; State; Zip Code Austin, TX 78704-2412 Principal occupation / Job title (See Instructions) Employer (See Instructions) singer Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/27/2024 LOWREY, AMY L \$25.00 Contributor address; City; State; Zip Code Austin, TX 78704-2412 Principal occupation / Job title (See Instructions) Employer (See Instructions) singer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/14/2024 \$50.00 LOWREY, AMY L Contributor address; City; State; Zip Code Austin, TX 78704-2412 Principal occupation / Job title (See Instructions) Employer (See Instructions) singer Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/16/2024 \$10.00 LOWREY, AMY L Contributor address; City; State; Zip Code Austin, TX 78704-2412 Principal occupation / Job title (See Instructions) Employer (See Instructions) singer

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 98/173 Rpt: 104/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/27/2024 LOWREY, AMY L \$25.00 6 Contributor address; City; State; Zip Code Austin, TX 78704-2412 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) singer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/14/2024 \$50.00 LOWREY, AMY L Contributor address; City; State; Zip Code Austin, TX 78704-2412 Principal occupation / Job title (See Instructions) Employer (See Instructions) singer Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/16/2024 LOWREY, AMY L \$10.00 Contributor address; City; State; Zip Code Austin, TX 78704-2412 Principal occupation / Job title (See Instructions) Employer (See Instructions) singer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/27/2024 \$25.00 LOWREY, AMY L Contributor address; City; State; Zip Code Austin, TX 78704-2412 Principal occupation / Job title (See Instructions) Employer (See Instructions) singer Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/16/2024 \$10.00 LOWREY, AMY L Contributor address; City; State; Zip Code Austin, TX 78704-2412 Principal occupation / Job title (See Instructions) Employer (See Instructions) singer

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 99/173 Rpt: 105/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/27/2024 LOWREY, AMY L \$25.00 6 Contributor address; City; State; Zip Code Austin, TX 78704-2412 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) singer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/04/2024 \$200.00 LUCIDO, RITA Contributor address; City; State; Zip Code Houston, TX 77002-1741 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/04/2024 LUCIDO, RITA \$200.00 Contributor address; City; State; Zip Code Houston, TX 77002-1741 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/04/2024 \$200.00 LUCIDO, RITA Contributor address; City; State; Zip Code Houston, TX 77002-1741 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/19/2024 \$1,000.00 LUCIDO, RITA Contributor address; City; State; Zip Code Houston, TX 77002-1741 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1	1 Total pages Schedule A1: Sch: 100/173 Rpt: 106/250		
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)	
	Annie's List				00053715		
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)		
	06/04/2024	LUCIDO, RITA				\$200.00	
		6 Contributor address; City; State; Zip Code					
		;;;;;;;					
		Houston, TX 77002-1741					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Retired						
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)		
	05/20/2024	Laine, Krista				\$103.45	
		Contributor address; City; State; Zip Code					
		Austin, TX 78759-6803					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Not Employe	d					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	03/18/2024	Lambert, Ruth				\$22.00	
		Contributor address; City; State; Zip Code					
Melbourne, FL 32940-6815							
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Not Employe	ed					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)		
	04/18/2024	Lambert, Ruth				\$22.00	
		Contributor address; City; State; Zip Code		1			
		Melbourne, FL 32940-6815					
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Not Employe	d					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)		
	05/18/2024	Lambert, Ruth				\$22.00	
		Contributor address; City; State; Zip Code					
		Melbourne, FL 32940-6815					
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Not Employe	ed					

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 101/173 Rpt: 107/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/18/2024 Lambert, Ruth \$22.00 6 Contributor address; City; State; Zip Code Melbourne, FL 32940-6815 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/27/2024 \$18.00 Lamm, Steven Contributor address; City; State; Zip Code Washington, DC 20016-3720 Principal occupation / Job title (See Instructions) Employer (See Instructions) Med Epi Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/26/2024 Langefeld, Phillip A \$20.00 Contributor address; City; State; Zip Code Lago Vista, TX 78645-8012 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/03/2024 \$25.00 Lathers, Frances Contributor address; City; State; Zip Code Papaikou, HI 96781-0006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/05/2024 \$50.00 Le, Mai Contributor address; City; State; Zip Code Sunnyvale, CA 94087-5202 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 102/173 Rpt: 108/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/05/2024 Le, Mai \$50.00 6 Contributor address; City; State; Zip Code Sunnyvale, CA 94087-5202 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Engineer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/05/2024 \$50.00 Le, Mai Contributor address; City; State; Zip Code Sunnyvale, CA 94087-5202 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/05/2024 \$50.00 Le, Mai Contributor address; City; State; Zip Code Sunnyvale, CA 94087-5202 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/30/2024 \$250.00 Leake, David Contributor address; City; State; Zip Code Honolulu, HI 96822-2313 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/31/2024 \$25.00 Lee, Michael Contributor address; City; State; Zip Code San Jose, CA 95120-2232 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 103/173 Rpt: 109/250		
2	2 FILER NAME			3	Filer ID (Ethics Commission	Filers)		
	Annie's List	list				00053715	ŕ	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$)		
	03/18/2024	Leff, Debra S					\$20.00	
		6 Contributor address; City; State; Zip Cod	le					
		Austin, TX 78756-3525						
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)			
	Retired							
	Date	Full name of contributor out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)		
	04/18/2024	Leff, Debra S					\$20.00	
			le					
		Austin, TX 78756-3525						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Retired							
⊨	Date	Full name of contributor out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)		
	05/18/2024	Leff, Debra S					\$20.00	
	Contributor address; City; State; Zip Code							
		Austin, TX 78756-3525						
	Principal occupation / Job title (See Instructions) Employer (See Instruction)			
	Retired							
	Date	Full name of contributor 🗌 out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)		
	06/18/2024	Leff, Debra S					\$20.00	
		Contributor address; City; State; Zip Cod	le					
		Austin, TX 78756-3525						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Retired							
	Date	Full name of contributor 🗌 out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)		
	03/14/2024	Lervisit, Woot					\$25.00	
	Contributor address; City; State; Zip Code							
		Dallas, TX 75243-4001						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Attorney							

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 104/173 Rpt: 110/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/14/2024 Lervisit, Woot \$25.00 6 Contributor address; City; State; Zip Code Dallas, TX 75243-4001 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/14/2024 Lervisit, Woot \$25.00 Contributor address; City; State; Zip Code Dallas, TX 75243-4001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/14/2024 Lervisit, Woot \$25.00 Contributor address; City; State; Zip Code Dallas, TX 75243-4001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/24/2024 Lewis, Diana Rae \$10.00 Contributor address; City; State; Zip Code Sonoma, CA 95476-2031 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/22/2024 Leyva, Cesar \$100.00 Contributor address; City; State; Zip Code Houston, TX 77018-5010 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 105/173 Rpt: 111/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/30/2024 Lightsey-Ford, Melindal \$15.00 6 Contributor address; City; State; Zip Code Houston, TX 77005-1702 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 Link Krogman, Haley \$22.00 Contributor address; City; State; Zip Code Washington, DC 20002-6867 Principal occupation / Job title (See Instructions) Employer (See Instructions) Fundraiser Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/22/2024 \$22.00 Link Krogman, Haley Contributor address; City; State; Zip Code Washington, DC 20002-6867 Principal occupation / Job title (See Instructions) Employer (See Instructions) Fundraiser Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/20/2024 \$250.00 Link Krogman, Haley Contributor address; City; State; Zip Code Austin, TX 78738-6200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Regional Development Director South & East Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/18/2024 \$10.00 Lipscomb, Gregory O Contributor address; City; State; Zip Code Austin, TX 78701-1304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 106/173 Rpt: 112/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/22/2024 Lockett, Cervta \$22.22 6 Contributor address; City; State; Zip Code Austin, TX 78749-2317 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) HR Director Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/21/2024 Longley, Susan \$250.00 Contributor address; City; State; Zip Code Austin, TX 78703-4759 Principal occupation / Job title (See Instructions) Employer (See Instructions) PR Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/20/2024 Loughlin, Kathleen \$300.00 Contributor address; City; State; Zip Code Austin, TX 78703-1039 Principal occupation / Job title (See Instructions) Employer (See Instructions) Rancher Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/10/2024 \$20.00 Lovering, Lisa Contributor address; City; State; Zip Code University Place, WA 98467-2872 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/22/2024 \$20.00 Lowery, Sandra S. Contributor address; City; State; Zip Code Houston, TX 77024-8001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sales

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 107/173 Rpt: 113/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/22/2024 Lowery, Sandra S. \$20.00 6 Contributor address; City; State; Zip Code Houston, TX 77024-8001 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Sales Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Lowery, Sandra S. 04/23/2024 \$100.00 Contributor address; City; State; Zip Code Houston, TX 77024-8001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sales Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/22/2024 Lowery, Sandra S. \$20.00 Contributor address; City; State; Zip Code Houston, TX 77024-8001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sales Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/22/2024 \$20.00 Lowery, Sandra S. Contributor address; City; State; Zip Code Houston, TX 77024-8001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sales Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/30/2024 \$10.00 Lueg, Martha Strong Contributor address; City; State; Zip Code Fredericksburg, TX 78624-3240 Principal occupation / Job title (See Instructions) Employer (See Instructions) School Librarian retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 108/173 Rpt: 114/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/30/2024 Lynn, Pamela \$103.45 6 Contributor address; City; State; Zip Code Austin, TX 78745-1942 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/22/2024 \$10.00 Madden, Judy Contributor address; City; State; Zip Code San Antonio, TX 78216-7708 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/22/2024 Madden, Judy \$10.00 Contributor address; City; State; Zip Code San Antonio, TX 78216-7708 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 \$10.00 Madden, Judy Contributor address; City; State; Zip Code San Antonio, TX 78216-7708 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/22/2024 \$10.00 Madden, Judy Contributor address; City; State; Zip Code San Antonio, TX 78216-7708 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 109/173 Rpt: 115/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/29/2024 Marmion, Laura \$5.00 6 Contributor address; City; State; Zip Code Georgetown, TX 78628-9512 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/29/2024 Marmion, Laura \$5.00 Contributor address; City; State; Zip Code Georgetown, TX 78628-9512 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/29/2024 Marmion, Laura \$5.00 Contributor address; City; State; Zip Code Georgetown, TX 78628-9512 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2024 \$10.00 Marmion, Laura Contributor address; City; State; Zip Code Georgetown, TX 78628-9512 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/08/2024 \$500.00 Martin, Carroll Contributor address; City; State; Zip Code Austin, TX 78746-5573 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 110/173 Rpt: 116/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/29/2024 Martin, Stephen \$100.00 6 Contributor address; City; State; Zip Code Pinole, CA 94564-1220 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/31/2024 \$100.00 Martin, Stephen Contributor address; City; State; Zip Code Pinole, CA 94564-1220 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/30/2024 Martin, Stephen \$100.00 Contributor address; City; State; Zip Code Pinole, CA 94564-1220 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/31/2024 \$100.00 Martin, Stephen Contributor address; City; State; Zip Code Pinole, CA 94564-1220 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/30/2024 \$100.00 Martin, Stephen Contributor address; City; State; Zip Code Pinole, CA 94564-1220 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 111/173 Rpt: 117/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/22/2024 Martinez, Gina \$50.00 6 Contributor address; City; State; Zip Code El Paso, TX 79912-4156 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Director Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/28/2024 \$10.00 Masek, Tommy Contributor address; City; State; Zip Code Oxnard, CA 93036-7701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/15/2024 Matthews, Spencer \$5.00 Contributor address; City; State; Zip Code Houston, TX 77084-4312 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/15/2024 \$5.00 Matthews, Spencer Contributor address; City; State; Zip Code Houston, TX 77084-4312 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/15/2024 \$5.00 Matthews, Spencer Contributor address; City; State; Zip Code Houston, TX 77084-4312 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 112/173 Rpt: 118/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/15/2024 Matthews, Spencer \$5.00 6 Contributor address; City; State; Zip Code Houston, TX 77084-4312 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/07/2024 \$7.00 Mayo, Donna Contributor address; City; State; Zip Code Belmont, MA 02478-1947 Principal occupation / Job title (See Instructions) Employer (See Instructions) Management consultant Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/07/2024 Mayo, Donna \$7.00 Contributor address; City; State; Zip Code Belmont, MA 02478-1947 Principal occupation / Job title (See Instructions) Employer (See Instructions) Management consultant Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/07/2024 \$7.00 Mayo, Donna Contributor address; City; State; Zip Code Belmont, MA 02478-1947 Principal occupation / Job title (See Instructions) Employer (See Instructions) Management consultant Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/07/2024 \$7.00 Mayo, Donna Contributor address; City; State; Zip Code Belmont, MA 02478-1947 Principal occupation / Job title (See Instructions) Employer (See Instructions) Management consultant

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 113/173 Rpt: 119/25	50
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)	
	Annie's List	ist				00053715	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/11/2024	McCollum, Linda					\$1,000.00
		6 Contributor address; City; Stat	e. Zin Code				
		Jonestown, TX 78645-4489)				
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u>ا</u> ة)		
	Not Employe	d					
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/17/2024	McCormack, Maureen		/		/ inician of Contains about (+)	\$10.00
		Contributor address; City; Stat	e: Zin Code				+20100
		Contributor address, City, Stat					
		Austin, TX 78757-1949					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> چ)		
	Not employe	d					
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/17/2024	McCormack, Maureen		/		(1)	\$10.00
	Contributor address; City; State; Zip Code						,
		Austin, TX 78757-1949					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not employe	d					
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/17/2024	– McCormack, Maureen	_				\$10.00
		Contributor address; City; Stat	e; Zip Code				
		Austin, TX 78757-1949					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not employe	d					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/17/2024	McCormack, Maureen					\$10.00
	Contributor address; City; State; Zip Code						
		Austin, TX 78757-1949					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not employe	d					
I							

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 114/173 Rpt: 120/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/26/2024 McDaniel, Patrick \$50.00 6 Contributor address; City; State; Zip Code Sacramento, CA 95818-4106 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Forester Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2024 \$50.00 McDaniel, Patrick Contributor address; City; State; Zip Code Sacramento, CA 95818-4106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forester Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/26/2024 McDaniel, Patrick \$50.00 Contributor address; City; State; Zip Code Sacramento, CA 95818-4106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forester Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/26/2024 \$50.00 McDaniel, Patrick Contributor address; City; State; Zip Code Sacramento, CA 95818-4106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forester Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/26/2024 \$50.00 McDaniel, Patrick Contributor address; City; State; Zip Code Sacramento, CA 95818-4106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forester

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 115/173 Rpt: 121/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/21/2024 McFayden, Suzanne \$100.00 6 Contributor address; City; State; Zip Code Austin, TX 78731-4631 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2024 \$50.00 McGovern, Alexandra Contributor address; City; State; Zip Code El Paso, TX 79902-2211 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/26/2024 McGuffey, Barbara Shivers \$25.00 Contributor address; City; State; Zip Code Houston, TX 77004-5938 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2024 \$25.00 McGuffey, Barbara Shivers Contributor address; City; State; Zip Code Houston, TX 77004-5938 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/26/2024 \$25.00 McGuffey, Barbara Shivers Contributor address; City; State; Zip Code Houston, TX 77004-5938 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 116/173 Rpt: 122/250	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
Annie's List			00053715	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/26/2024	McGuffey, Barbara Shivers		\$2	25.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77004-5938			
	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/26/2024			\$2	25.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77004-5938			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>	
Retired		Employor (200 met 200)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
03/07/2024	McIlheran, Sarah	/		25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78734-1525			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
physical ther	apist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/07/2024	McIlheran, Sarah		\$2	25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78734-1525			
Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	<u></u>	
physical ther)	
Date	Full name of contributor out-of-state PAC (ID#:	\	Amount of Contribution (\$)	
05/07/2024	McIlheran, Sarah)		25.00
00,011_0_	Contributor address; City; State; Zip Code		·	20.00
	Austin, TX 78734-1525			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
physical ther	rapist			

MONETARY POLITICAL CONTRIBUTIONS **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 117/173 Rpt: 123/250 2 FILER NAME **3** Filer ID (Ethics Commission Filers) Annie's List 00053715 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 06/07/2024 McIlheran, Sarah 6 Contributor address; City; State; Zip Code Austin, TX 78734-1525

8	Principal occup physical ther	pation / Job title (See Instructions) apist	9 Employer (See Instructions)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78759-5011 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe				
	Date 03/10/2024	Full name of contributor out-of-state PAC (ID#: McKinley, Susan Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$30.00
		Houston, TX 77043-4718			
	Principal occu Photographe	pation / Job title (See Instructions) r	Employer (See Instructions)		
	Date 03/21/2024	Full name of contributor out-of-state PAC (ID#: McKinley, Susan Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$35.00
	Dringing ago	Houston, TX 77043-4718	Employer (Cool Instructions)		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/08/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$100.00
		Austin, TX 78704-5140			
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions)		

SCHEDULE A1

\$25.00

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 118/173 Rpt: 124/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/10/2024 McMurray, Malea \$300.00 6 Contributor address; City; State; Zip Code El Paso, TX 79912-5479 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/29/2024 \$10.00 Mellon-Werch, Michelle Contributor address; City; State; Zip Code Austin, TX 78759-4723 Principal occupation / Job title (See Instructions) Employer (See Instructions) Assistant GC Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/08/2024 Mellon-Werch, Michelle \$20.00 Contributor address; City; State; Zip Code Austin, TX 78759-4723 Principal occupation / Job title (See Instructions) Employer (See Instructions) Assistant GC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/30/2024 Mellon-Werch, Michelle \$10.00 Contributor address; City; State; Zip Code Austin, TX 78759-4723 Principal occupation / Job title (See Instructions) Employer (See Instructions) Assistant GC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/08/2024 \$20.00 Mellon-Werch, Michelle Contributor address; City; State; Zip Code Austin, TX 78759-4723 Principal occupation / Job title (See Instructions) Employer (See Instructions) Assistant GC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 119/173 Rpt: 125/250	
2	2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Annie's List	ist			00053715	
4	Date	te 5 Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	
	04/30/2024	Mellon-Werch, Michelle				\$10.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78759-4723				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Assistant GC	;				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/08/2024	Mellon-Werch, Michelle				\$20.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78759-4723				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Assistant GC	;				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2024	Mellon-Werch, Michelle				\$10.00
	Contributor address; City; State; Zip Code					
	Austin, TX 78759-4723					
		pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Assistant GC	;				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/08/2024	Mellon-Werch, Michelle				\$20.00
		Contributor address; City; State; Zip Code				
	Di sinal aggi	Austin, TX 78759-4723		Ĺ		
	Assistant GC	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	± · • • • •
	06/30/2024	Mellon-Werch, Michelle				\$10.00
		Contributor address; City; State; Zip Code				
		Austin TV 70750 1799				
	Duin singl appu	Austin, TX 78759-4723		Ĺ		
	Assistant GC	pation / Job title (See Instructions)	Employer (See Instructions))		
		<u> </u>				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 120/173 Rpt: 126/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/09/2024 Menchaca Guedea, Alejandra \$51.83 6 Contributor address; City; State; Zip Code El Paso, TX 79912-2319 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Therapist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/31/2024 \$10.00 Mercado, Alma Contributor address; City; State; Zip Code Humble, TX 77338-1832 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/08/2024 Mercer, Scarlett \$1,032.70 Contributor address; City; State; Zip Code El Paso, TX 79902-2157 Principal occupation / Job title (See Instructions) Employer (See Instructions) REALTOR Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 Molina, Ovidia \$44.00 Contributor address; City; State; Zip Code Kyle, TX 78640-4334 Principal occupation / Job title (See Instructions) Employer (See Instructions) Vice President Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/29/2024 \$25.00 Molofsky, Jonathan Contributor address; City; State; Zip Code Brooklyn, NY 11238-5915 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 121/173 Rpt: 127/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/14/2024 Monahan, Kathleen \$100.00 6 Contributor address; City; State; Zip Code Austin, TX 78705-2429 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CPA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/14/2024 Monahan, Kathleen \$100.00 Contributor address; City; State; Zip Code Austin, TX 78705-2429 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/14/2024 Monahan, Kathleen \$100.00 Contributor address; City; State; Zip Code Austin, TX 78705-2429 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/14/2024 \$100.00 Monahan, Kathleen Contributor address; City; State; Zip Code Austin, TX 78705-2429 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/10/2024 \$1,000.00 Monsisvais, Marina Contributor address; City; State; Zip Code El Paso, TX 79930-1121 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 122/173 Rpt: 128/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/02/2024 Montoya, Celina \$516.45 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-5185 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Mediator Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/05/2024 \$1,000.00 Montoya, Celina Contributor address; City; State; Zip Code San Antonio, TX 78209-5185 Principal occupation / Job title (See Instructions) Employer (See Instructions) Mediator Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/06/2024 Moore, Virginia \$100.00 Contributor address; City; State; Zip Code Austin, TX 78748-3440 Principal occupation / Job title (See Instructions) Employer (See Instructions) Luxury travel advisor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/27/2024 \$50.00 Murphy, Patricia Contributor address; City; State; Zip Code Sunset Valley, TX 78745-2638 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/30/2024 \$10.00 Myers, Paul Contributor address; City; State; Zip Code San Antonio, TX 78209-3403 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 123/173 Rpt: 129/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/23/2024 Nadeau, Christine \$5.00 6 Contributor address; City; State; Zip Code Hercules. CA 94547-2716 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/10/2024 \$300.00 Navedo, Lorena Contributor address; City; State; Zip Code El Paso, TX 79912-2052 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief of Staff Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/29/2024 Neavel, Nancy Trager \$500.00 Contributor address; City; State; Zip Code Austin, TX 78703-1159 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/05/2024 \$500.00 Nelson, Piper Stege Contributor address; City; State; Zip Code Austin, TX 78705-2532 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Executive Director** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/19/2024 \$500.00 Nelson, Piper Stege Contributor address; City; State; Zip Code Austin, TX 78705-2532 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Executive Director**

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 124/173 Rpt: 130/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/22/2024 Nelson, Piper Stege \$22.00 6 Contributor address; City; State; Zip Code Austin, TX 78705-2532 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Executive Director** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 \$40.00 Nguyen, Van Contributor address; City; State; Zip Code Austin, TX 78758-2628 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insights Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/30/2024 Nicholls, Rosalie \$10.00 Contributor address; City; State; Zip Code Austin, TX 78748-5430 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/01/2024 \$5.00 Nickerson Sr, Robert Contributor address; City; State; Zip Code San Antonio, TX 78204-1530 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/10/2024 \$1,000.00 Niland, NONA (Dr.) Contributor address; City; State; Zip Code Austin, TX 78701-4598 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 125/173 Rpt: 131/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/19/2024 Nix, Jim \$25.00 6 Contributor address; City; State; Zip Code Austin, TX 78703-1710 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Architect Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/13/2024 \$50.00 Noble, Shannon Contributor address; City; State; Zip Code Austin, TX 78735-6605 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/13/2024 Noble, Shannon \$50.00 Contributor address; City; State; Zip Code Austin, TX 78735-6605 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/13/2024 \$50.00 Noble, Shannon Contributor address; City; State; Zip Code Austin, TX 78735-6605 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/13/2024 \$50.00 Noble, Shannon Contributor address; City; State; Zip Code Austin, TX 78735-6605 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 126/173 Rpt: 132/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/10/2024 O'Hara, Elizabeth \$250.00 6 Contributor address; City; State; Zip Code El Paso, TX 79930-2909 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Community Relations** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/04/2024 O'Neill, Cathy \$5,500.00 Contributor address; City; State; Zip Code Austin, TX 78746-2531 Principal occupation / Job title (See Instructions) Employer (See Instructions) Author Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/15/2024 Oatman, Tamra-Shae \$1,500.00 Contributor address; City; State; Zip Code Austin, TX 78731-3658 Principal occupation / Job title (See Instructions) Employer (See Instructions) COO Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/16/2024 \$200.00 Oatman, Tamra-Shae Contributor address; City; State; Zip Code Austin, TX 78731-3658 Principal occupation / Job title (See Instructions) Employer (See Instructions) COO Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/22/2024 \$22.00 Oliver, Julie Contributor address; City; State; Zip Code Austin, TX 78722-1816 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 127/173 Rpt: 133/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/25/2024 Onderlinde, William \$20.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78245-3031 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Laborer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/15/2024 Onderlinde, William \$5.00 Contributor address; City; State; Zip Code San Antonio, TX 78245-3031 Principal occupation / Job title (See Instructions) Employer (See Instructions) Laborer Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/10/2024 Osante, Silvia \$50.00 Contributor address; City; State; Zip Code El Paso, TX 79903-4223 Principal occupation / Job title (See Instructions) Employer (See Instructions) Interior Design Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/10/2024 \$250.00 Osborne, Elizabeth Bachman Contributor address; City; State; Zip Code Austin, TX 78703-2234 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 05/21/2024 \$100.00 Osborne, Elizabeth Bachman Contributor address; City; State; Zip Code Austin, TX 78703-2234 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 128/173 Rpt: 134/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/27/2024 Ostwald, David \$10.00 6 Contributor address; City; State; Zip Code Portola Valley, CA 94028-7440 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 Ouzillou, Yael \$250.00 Contributor address; City; State; Zip Code Austin, TX 78704-5951 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/27/2024 Owen, Scott \$5.00 Contributor address; City; State; Zip Code Sugar Grove, OH 43155-9627 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/14/2024 PRICE, Velva \$1,250.00 Contributor address; City; State; Zip Code Austin, TX 78723-2552 Principal occupation / Job title (See Instructions) Employer (See Instructions) DISTRICT CLERK Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/09/2024 \$250.00 Pacheco, Mike Contributor address; City; State; Zip Code Austin, TX 78723-6118 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief of Staff

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 129/173 Rpt: 135/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/29/2024 Parrish, Anne Thatcher \$100.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-3328 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/18/2024 Paul, Mary Anna \$25.00 Contributor address; City; State; Zip Code Austin, TX 78746-7871 Principal occupation / Job title (See Instructions) Employer (See Instructions) Real estate broker Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/18/2024 Paul, Mary Anna \$25.00 Contributor address; City; State; Zip Code Austin, TX 78746-7871 Principal occupation / Job title (See Instructions) Employer (See Instructions) Real estate broker Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/18/2024 \$25.00 Paul, Mary Anna Contributor address; City; State; Zip Code Austin, TX 78746-7871 Principal occupation / Job title (See Instructions) Employer (See Instructions) Real estate broker Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/18/2024 \$25.00 Paul, Mary Anna Contributor address; City; State; Zip Code Austin, TX 78746-7871 Principal occupation / Job title (See Instructions) Employer (See Instructions) Real estate broker

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 130/173 Rpt: 136/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/16/2024 Peacock, Allie \$5,000.00 6 Contributor address; City; State; Zip Code Houston, TX 77290-0300 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Mental health therapist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/14/2024 Pearson, Pamela \$20,000.00 Contributor address; City; State; Zip Code Austin, TX 78702-1805 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/10/2024 Perea, Elisa \$20.00 Contributor address; City; State; Zip Code El Paso, TX 79935-3910 Principal occupation / Job title (See Instructions) Employer (See Instructions) Manager Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/10/2024 \$1,032.70 Perez, Carmen Contributor address; City; State; Zip Code El Paso, TX 79912-7549 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/01/2024 \$25.00 Perrenod, William Contributor address; City; State; Zip Code New Orleans, LA 70117-5727 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nonprofit Business Consultant

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 131/173 Rpt: 137/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/01/2024 Perrenod, William \$25.00 6 Contributor address; City; State; Zip Code New Orleans, LA 70117-5727 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Nonprofit Business Consultant Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/01/2024 Perrenod, William \$25.00 Contributor address; City; State; Zip Code New Orleans, LA 70117-5727 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nonprofit Business Consultant Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/01/2024 Perrenod, William \$25.00 Contributor address; City; State; Zip Code New Orleans, LA 70117-5727 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nonprofit Business Consultant Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/28/2024 \$1,000.00 Philips Uresti Meachum Partners Contributor address; City; State; Zip Code Austin, TX 78711-3506 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/20/2024 Pinnelli, Janis W \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78763-0038 Principal occupation / Job title (See Instructions) Employer (See Instructions) Accountant

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 132/173 Rpt: 138/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/11/2024 Pique, Lynn \$10.00 6 Contributor address; City; State; Zip Code Redwood City, CA 94063-1036 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/26/2024 \$10.00 Polito, Catherine Contributor address; City; State; Zip Code Austin, TX 78759-5001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/26/2024 Polito, Catherine \$10.00 Contributor address; City; State; Zip Code Austin, TX 78759-5001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/26/2024 \$10.00 Polito, Catherine Contributor address; City; State; Zip Code Austin, TX 78759-5001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/26/2024 \$10.00 Polito, Catherine Contributor address; City; State; Zip Code Austin, TX 78759-5001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 133/173 Rpt: 139/250	0
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Annie's List				00053715	-
4	Date	ate 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	
	06/26/2024	Polito, Catherine				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78759-5001				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Consultant					
_	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	06/28/2024	Price, Denise				\$25.00
		Contributor address; City; State; Zip Code		1		
		D Washers M/A 00000 4051				
	Drive in all a servi	Bellingham, WA 98226-4251		Ĺ		
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe			-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/22/2024	Progar, Therese				\$21.00
		Contributor address; City; State; Zip Code				
	Richardson, TX 75082-2405 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
				<u> </u> ນ		
	Principal occupation / Job title (See Instructions) Employer (See Instruction Not Employed					
_	Date		<u> </u>	<u> </u>	Amount of Contribution (\$)	
	03/31/2024	Full name of contributor out-of-state PAC (ID#:_ Putman, Michael)		Amount of Contribution (\$)	\$100.00
	00/01/2024	Contributor address; City; State; Zip Code				Ψ100.00
		Continuator address, City, State, Zip Code				
		San Antonio, TX 78209-3302				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	lawyer					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/30/2024	Putman, Michael			\$100.00	
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78209-3302				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
lawyer						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 134/173 Rpt: 140/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/14/2024 Oadri, Zohaib \$500.00 6 Contributor address; City; State; Zip Code Austin, TX 78723-2920 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Council Member** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/01/2024 \$50.00 Quittner, Claudia Contributor address; City; State; Zip Code Dallas, TX 75252-5832 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Research NUrse** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/22/2024 Rawie, Maryola \$222.00 Contributor address; City; State; Zip Code Austin, TX 78746-6442 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/05/2024 \$51.83 Raya, Ginger Contributor address; City; State; Zip Code El Paso, TX 79936-7836 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/29/2024 \$25.00 Rector, William Contributor address; City; State; Zip Code Kerrville, TX 78028-5319 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 135/173 Rpt: 141/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/01/2024 Rector, William \$25.00 6 Contributor address; City; State; Zip Code Kerrville, TX 78028-5319 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2024 \$100.00 Redford, Danna Contributor address; City; State; Zip Code Austin, TX 78746-6367 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/04/2024 \$20.00 Reeves, Sandra Lemcke Contributor address; City; State; Zip Code Houston, TX 77006-6166 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/04/2024 \$20.00 Reeves, Sandra Lemcke Contributor address; City; State; Zip Code Houston, TX 77006-6166 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/04/2024 \$20.00 Reeves, Sandra Lemcke Contributor address; City; State; Zip Code Houston, TX 77006-6166 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 136/173 Rpt: 142/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/04/2024 Reeves, Sandra Lemcke \$20.00 6 Contributor address; City; State; Zip Code Houston, TX 77006-6166 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/01/2024 Reynoso, Beatriz \$5.00 Contributor address; City; State; Zip Code Harlingen, TX 78552-2261 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Design Consulting** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/01/2024 Reynoso, Beatriz \$5.00 Contributor address; City; State; Zip Code Harlingen, TX 78552-2261 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Design Consulting** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/01/2024 \$5.00 Reynoso, Beatriz Contributor address; City; State; Zip Code Harlingen, TX 78552-2261 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Design Consulting** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/01/2024 \$5.00 Revnoso, Beatriz Contributor address; City; State; Zip Code Harlingen, TX 78552-2261 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Design Consulting**

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 137/173 Rpt: 143/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/02/2024 Richards, Joanne \$20.00 6 Contributor address; City; State; Zip Code Austin, TX 78750-8202 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) none Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/02/2024 \$20.00 Richards, Joanne Contributor address; City; State; Zip Code Austin, TX 78750-8202 Principal occupation / Job title (See Instructions) Employer (See Instructions) none Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/02/2024 Richards, Joanne \$20.00 Contributor address; City; State; Zip Code Austin, TX 78750-8202 Principal occupation / Job title (See Instructions) Employer (See Instructions) none Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/02/2024 \$20.00 Richards, Joanne Contributor address; City; State; Zip Code Austin, TX 78750-8202 Principal occupation / Job title (See Instructions) Employer (See Instructions) none Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/11/2024 \$250.00 Rider, Kathy Contributor address; City; State; Zip Code Austin, TX 78731-6221 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 138/173 Rpt: 144/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/02/2024 Riner, Miriam \$50.00 6 Contributor address; City; State; Zip Code Arlington, VA 22207-2140 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/10/2024 Rivera, Ale \$5.36 Contributor address; City; State; Zip Code El Paso, TX 79936 Principal occupation / Job title (See Instructions) Employer (See Instructions) Teacher Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/26/2024 Rivera, Cristina \$1,032.70 Contributor address; City; State; Zip Code El Paso, TX 79930-1915 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/10/2024 \$50.00 Rivera, Viviana Contributor address; City; State; Zip Code El Paso, TX 79936-4712 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/18/2024 \$10.00 Robbins, Edith Contributor address; City; State; Zip Code Grand Blanc, MI 48439-8732 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 139/173 Rpt: 145/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/01/2024 Robbins, Erika \$20.85 6 Contributor address; City; State; Zip Code Glendale, CA 91205-3564 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Editor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/01/2024 \$20.85 Robbins, Erika Contributor address; City; State; Zip Code Glendale, CA 91205-3564 Principal occupation / Job title (See Instructions) Employer (See Instructions) Editor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/01/2024 Robbins, Erika \$20.85 Contributor address; City; State; Zip Code Glendale, CA 91205-3564 Principal occupation / Job title (See Instructions) Employer (See Instructions) Editor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/01/2024 \$20.85 Robbins, Erika Contributor address; City; State; Zip Code Glendale, CA 91205-3564 Principal occupation / Job title (See Instructions) Employer (See Instructions) Editor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/27/2024 \$10.00 Robinson, Jean Contributor address; City; State; Zip Code Fort Worth, TX 76137-2058 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 140/173 Rpt: 146/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/27/2024 Robinson, Jean \$10.00 6 Contributor address; City; State; Zip Code Fort Worth, TX 76137-2058 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/27/2024 \$10.00 Robinson, Jean Contributor address; City; State; Zip Code Fort Worth, TX 76137-2058 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/27/2024 \$10.00 Robinson, Jean Contributor address; City; State; Zip Code Fort Worth, TX 76137-2058 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/27/2024 \$10.00 Robinson, Jean Contributor address; City; State; Zip Code Fort Worth, TX 76137-2058 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/18/2024 \$100.00 Robinson, Sally Contributor address; City; State; Zip Code Galveston, TX 77550-5063 Principal occupation / Job title (See Instructions) Employer (See Instructions) physician

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 141/173 Rpt: 147/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/22/2024 Robinson, Teondra \$22.00 6 Contributor address; City; State; Zip Code Maxwell, TX 78656-4200 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Massage therapist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/15/2024 Rocha, Mary Esther \$15.00 Contributor address; City; State; Zip Code Houston, TX 77005-4332 Principal occupation / Job title (See Instructions) Employer (See Instructions) physician Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/15/2024 Rocha, Mary Esther \$15.00 Contributor address; City; State; Zip Code Houston, TX 77005-4332 Principal occupation / Job title (See Instructions) Employer (See Instructions) physician Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/15/2024 \$15.00 Rocha, Mary Esther Contributor address; City; State; Zip Code Houston, TX 77005-4332 Principal occupation / Job title (See Instructions) Employer (See Instructions) physician Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/15/2024 \$15.00 Rocha, Mary Esther Contributor address; City; State; Zip Code Houston, TX 77005-4332 Principal occupation / Job title (See Instructions) Employer (See Instructions) physician

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 142/173 Rpt: 148/25	50
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
	Annie's List				00053715	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/05/2024	Rodriguez, Laura				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		El Paso, TX 79925-5503				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Lobbyist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/28/2024	Rogers, Nancy				\$200.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78232-1301				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	not employe	d				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/28/2024	Rogers, Nancy				\$200.00
		Contributor address; City; State; Zip Code				
	San Antonio, TX 78232-1301		Ļ			
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	not employe			-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/30/2024	Rogers, Nancy				\$300.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78232-1301				
L	Dringingl occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	not employe		Employer (See instructions	5)		
╞				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 200.00
	06/30/2024	Rogers, Nancy				\$300.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78232-1301				
<u> </u>	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	not employe			り		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 143/173 Rpt: 149/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/10/2024 Ryan, Dr Pamela \$2,500.00 6 Contributor address; City; State; Zip Code Austin, TX 78703-4739 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Investor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 Saberian, Amy \$22.00 Contributor address; City; State; Zip Code Austin, TX 78746-2315 Principal occupation / Job title (See Instructions) Employer (See Instructions) attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/10/2024 Sanchez, Vianka \$250.00 Contributor address; City; State; Zip Code El Paso, TX 79912-8498 Principal occupation / Job title (See Instructions) Employer (See Instructions) Speech Language Pathologist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/21/2024 \$20.00 Sanders, Jennifer Contributor address; City; State; Zip Code Fort Worth, TX 76110-1713 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/29/2024 \$5.00 Sarath, Patrice Contributor address; City; State; Zip Code Austin, TX 78757-3036 Principal occupation / Job title (See Instructions) Employer (See Instructions) Researcher

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 144/173 Rpt: 150/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/29/2024 Sarath, Patrice \$5.00 6 Contributor address; City; State; Zip Code Austin, TX 78757-3036 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Researcher Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/29/2024 Sarath, Patrice \$5.00 Contributor address; City; State; Zip Code Austin, TX 78757-3036 Principal occupation / Job title (See Instructions) Employer (See Instructions) Researcher Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/29/2024 Sarath, Patrice \$5.00 Contributor address; City; State; Zip Code Austin, TX 78757-3036 Principal occupation / Job title (See Instructions) Employer (See Instructions) Researcher Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2024 \$5.00 Sarath, Patrice Contributor address; City; State; Zip Code Austin, TX 78757-3036 Principal occupation / Job title (See Instructions) Employer (See Instructions) Researcher Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/06/2024 \$25.00 Sawyer, Robin Contributor address; City; State; Zip Code Mclean, VA 22102-5864 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Programs Manager**

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 145/173 Rpt: 151/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/06/2024 Sawyer, Robin \$25.00 6 Contributor address; City; State; Zip Code Mclean, VA 22102-5864 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Programs Manager** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/06/2024 Sawyer, Robin \$25.00 Contributor address; City; State; Zip Code Mclean, VA 22102-5864 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Programs Manager** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/06/2024 Sawyer, Robin \$25.00 Contributor address; City; State; Zip Code Mclean, VA 22102-5864 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Programs Manager** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/29/2024 \$1,000.00 Scanlan, Nancy Contributor address; City; State; Zip Code Austin, TX 78731-5219 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/31/2024 \$25.00 Schanin, David Contributor address; City; State; Zip Code Denver, CO 80209-3235 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 146/173 Rpt: 152/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/16/2024 Schwartz, Shari S. \$1,032.70 6 Contributor address; City; State; Zip Code El Paso, TX 79912-3405 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/29/2024 \$10.00 Seaman, William Contributor address; City; State; Zip Code Houston, TX 77024-4328 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/13/2024 Seldin, Ellen \$10.00 Contributor address; City; State; Zip Code Dallas, TX 75230-2437 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/13/2024 \$10.00 Seldin, Ellen Contributor address; City; State; Zip Code Dallas, TX 75230-2437 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/13/2024 \$10.00 Seldin, Ellen Contributor address; City; State; Zip Code Dallas, TX 75230-2437 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 147/173 Rpt: 153/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/13/2024 Seldin, Ellen \$10.00 6 Contributor address; City; State; Zip Code Dallas, TX 75230-2437 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Physician Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/31/2024 Sells, Greg K \$5.00 Contributor address; City; State; Zip Code Austin, TX 78741-6942 Principal occupation / Job title (See Instructions) Employer (See Instructions) civil service Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/30/2024 Serra, Linda \$10.00 Contributor address; City; State; Zip Code Waleska, GA 30183-2438 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/30/2024 \$10.00 Serra, Linda Contributor address; City; State; Zip Code Waleska, GA 30183-2438 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 06/29/2024 \$10.00 Serra, Linda and Thomas Contributor address; City; State; Zip Code Waleska, GA 30183-2438 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 148/173 Rpt: 154/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/30/2024 Sethi, Pooja \$25.00 6 Contributor address; City; State; Zip Code Austin, TX 78730-3457 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Chief Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/15/2024 Sharpe, Mary \$25.00 Contributor address; City; State; Zip Code Austin, TX 78703-2833 Principal occupation / Job title (See Instructions) Employer (See Instructions) planning facilitator Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/15/2024 \$25.00 Sharpe, Mary Contributor address; City; State; Zip Code Austin, TX 78703-2833 Principal occupation / Job title (See Instructions) Employer (See Instructions) planning facilitator Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/15/2024 \$25.00 Sharpe, Mary Contributor address; City; State; Zip Code Austin, TX 78703-2833 Principal occupation / Job title (See Instructions) Employer (See Instructions) planning facilitator Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/15/2024 Sharpe, Mary \$25.00 Contributor address; City; State; Zip Code Austin, TX 78703-2833 Principal occupation / Job title (See Instructions) Employer (See Instructions) planning facilitator

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 149/173 Rpt: 155/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/06/2024 Sherman, Caroline \$10.00 6 Contributor address; City; State; Zip Code Keller, TX 76248-5223 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/14/2024 \$10.00 Sherman, Caroline Contributor address; City; State; Zip Code Keller, TX 76248-5223 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/06/2024 Sherman, Caroline \$10.00 Contributor address; City; State; Zip Code Keller, TX 76248-5223 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/14/2024 \$10.00 Sherman, Caroline Contributor address; City; State; Zip Code Keller, TX 76248-5223 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/06/2024 \$10.00 Sherman, Caroline Contributor address; City; State; Zip Code Keller, TX 76248-5223 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 150/173 Rpt: 156/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/14/2024 Sherman, Caroline 6 Contributor address; City; State; Zip Code Keller, TX 76248-5223 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/06/2024 Sherman, Caroline Contributor address; City; State; Zip Code Keller, TX 76248-5223 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/14/2024 Sherman, Caroline Contributor address; City; State; Zip Code Keller, TX 76248-5223 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/05/2024 Skidmore, Danielle Contributor address; City; State; Zip Code Austin, TX 78701-4271 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Civil Engineer** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/05/2024 Skidmore, Danielle Contributor address; City; State; Zip Code

\$10.00

\$10.00

\$10.00

\$50.00

\$50.00

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 151/173 Rpt: 157/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/01/2024 Skidmore, Danielle \$1,250.00 6 Contributor address; City; State; Zip Code Austin, TX 78701-4271 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Civil Engineer** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/05/2024 \$50.00 Skidmore, Danielle Contributor address; City; State; Zip Code Austin, TX 78701-4271 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Civil Engineer** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/05/2024 Skidmore, Danielle \$50.00 Contributor address; City; State; Zip Code Austin, TX 78701-4271 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Civil Engineer** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/10/2024 \$250.00 Smiley, Martha Contributor address; City; State; Zip Code Austin, TX 78703-5144 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/22/2024 \$44.00 Smith, Gabrielle Contributor address; City; State; Zip Code Austin, TX 78735-8650 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 152/173 Rpt: 158/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/11/2024 Smith, Sandy \$100.00 6 Contributor address; City; State; Zip Code Austin, TX 78731-5849 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) environmental toxicologist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 Smith, Susan \$222.00 Contributor address; City; State; Zip Code Cedar Park, TX 78613-3981 Principal occupation / Job title (See Instructions) Employer (See Instructions) Susan Hall Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/15/2024 \$10.00 Smith-Lawson, Bridgette Contributor address; City; State; Zip Code Richmond, TX 77469-6355 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 \$250.00 Soifer, Jan (The Honorable) Contributor address; City; State; Zip Code Austin, TX 78701-2328 Principal occupation / Job title (See Instructions) Employer (See Instructions) Judge Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/30/2024 \$250.00 Spicer, Kathy Contributor address; City; State; Zip Code Fort Worth, TX 76116-4612 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 153/173 Rpt: 159/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/05/2024 Starkloff, Michele \$500.00 6 Contributor address; City; State; Zip Code Austin, TX 78705-2432 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/10/2024 \$100.00 Stout, David Contributor address; City; State; Zip Code El Paso, TX 79930-2713 Principal occupation / Job title (See Instructions) Employer (See Instructions) County Commissioner Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/28/2024 Straty, Laurie Jo \$2,500.00 Contributor address; City; State; Zip Code Dallas, TX 75205-3725 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Retired Banker** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/25/2024 \$25.00 Stuart, Cynthia Contributor address; City; State; Zip Code Fort Worth, TX 76132-1161 Principal occupation / Job title (See Instructions) Employer (See Instructions) musician/teacher Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/28/2024 \$10.00 Sullivan, Geraldine Contributor address; City; State; Zip Code Hartford, CT 06105-2249 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 154/173 Rpt: 160/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/30/2024 Swift, Laurel \$100.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-2941 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Pharmaceutical Sales Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/04/2024 Tabor, Catherine L \$25.00 Contributor address; City; State; Zip Code Austin, TX 78703-3314 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/14/2024 Tabor, Catherine L \$25.00 Contributor address; City; State; Zip Code Austin, TX 78703-3314 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/09/2024 \$25.00 Tabor, Catherine L Contributor address; City; State; Zip Code Austin, TX 78703-3314 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/09/2024 \$25.00 Tabor, Catherine L Contributor address; City; State; Zip Code Austin, TX 78703-3314 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 155/173 Rpt: 161/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/21/2024 Taub, Tobi \$500.00 6 Contributor address; City; State; Zip Code Austin, TX 78703-4631 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Fitness Trainer** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/20/2024 Taube, DeEtta \$5.00 Contributor address; City; State; Zip Code Tucson, AZ 85710-4523 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/13/2024 Teitelman, A Carol \$50.00 Contributor address; City; State; Zip Code Pflugerville, TX 78660-8004 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/22/2024 \$500.00 Temple, Ellen Contributor address; City; State; Zip Code Lufkin, TX 75901-7346 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/22/2024 \$500.00 Temple, Ellen Contributor address; City; State; Zip Code Lufkin, TX 75901-7346 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 156/173 Rpt: 162/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/22/2024 Temple, Ellen \$500.00 6 Contributor address; City; State; Zip Code Lufkin, TX 75901-7346 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/22/2024 \$500.00 Temple, Ellen Contributor address; City; State; Zip Code Lufkin, TX 75901-7346 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/28/2024 Terkel, Tom \$25.00 Contributor address; City; State; Zip Code Austin, TX 78731-5973 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/01/2024 \$500.00 Terry, Kathy Contributor address; City; State; Zip Code Austin, TX 78703-1058 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/22/2024 \$22.00 Thompson, Nacole Contributor address; City; State; Zip Code Cedar Park, TX 78630-1124 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 157/173 Rpt: 163/250)
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Annie's List				00053715	
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/01/2024	Thompson, lauralee				\$20.00
		6 Contributor address; City; State; Zip Code		1		
		Marina Del Rey, CA 90292-6797				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Not Employe	d				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/22/2024	Thompson, lauralee				\$15.00
		Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		Marina Del Rey, CA 90292-6797				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Not Employe			,		
╞			<u> </u>	<u> </u>	Amount of Contribution (¢)	
	Date)		Amount of Contribution (\$)	¢E16 /E
	04/06/2024					\$516.45
		Contributor address; City; State; Zip Code				
		EL 2000 TX 70012 2055				
⊢	Dringinglagou	El Paso, TX 79912-3055				
	CEO	pation / Job title (See Instructions)	Employer (See Instructions	5)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/10/2024	Tomblin, Kelly				\$500.00
		Contributor address; City; State; Zip Code				
		El Paso, TX 79912-3055				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	CEO					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/31/2024	Torres, Laura				\$50.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78702-3590				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	State Progra			,		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 158/173 Rpt: 164/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/23/2024 Torres, Tomas \$100.00 6 Contributor address; City; State; Zip Code Houston, TX 77027-6204 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/23/2024 \$1,000.00 Torres, Tomas Contributor address; City; State; Zip Code Houston, TX 77027-6204 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/23/2024 Torres, Tomas \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77027-6204 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/23/2024 \$1,000.00 Torres, Tomas Contributor address; City; State; Zip Code Houston, TX 77027-6204 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/01/2024 Treece, Deb \$2,500.00 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3942 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 159/173 Rpt: 165/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/22/2024 Treece, Deborah \$222.00 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3942 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/01/2024 Trevino, Jennifer \$10.00 Contributor address; City; State; Zip Code Fort Worth, TX 76114-1786 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Executive Director** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/01/2024 Trevino, Jennifer \$10.00 Contributor address; City; State; Zip Code Fort Worth, TX 76114-1786 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Executive Director** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/27/2024 \$20.00 Turner, Thomas Contributor address; City; State; Zip Code Fort Worth, TX 76102-3781 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/22/2024 Uresti, Jaclyn \$444.00 Contributor address; City; State; Zip Code Austin, TX 78741-7514 Principal occupation / Job title (See Instructions) Employer (See Instructions) Managing Director

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 160/173 Rpt: 166/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/28/2024 Valenti, Anna \$5.00 6 Contributor address; City; State; Zip Code Surprise, AZ 85388-2120 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Social Worker Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/27/2024 \$1,000.00 Volluz, Laura Contributor address; City; State; Zip Code Austin, TX 78730-4214 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Executive Director Marketing** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/15/2024 \$2,500.00 Volluz, Laura Contributor address; City; State; Zip Code Austin, TX 78730-4214 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Executive Director Marketing** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 \$222.00 WALKER, CLIFF Contributor address; City; State; Zip Code Austin, TX 78701-1186 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Political Operative** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/04/2024 \$5.00 WIngate, Elizabeth Contributor address; City; State; Zip Code Valdez, AK 99686-1503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 161/173 Rpt: 167/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/28/2024 WIngate, Elizabeth \$5.00 6 Contributor address; City; State; Zip Code Valdez, AK 99686-1503 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/04/2024 WIngate, Elizabeth \$5.00 Contributor address; City; State; Zip Code Valdez, AK 99686-1503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/28/2024 WIngate, Elizabeth \$5.00 Contributor address; City; State; Zip Code Valdez, AK 99686-1503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/04/2024 \$5.00 WIngate, Elizabeth Contributor address; City; State; Zip Code Valdez, AK 99686-1503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/04/2024 \$5.00 WIngate, Elizabeth Contributor address; City; State; Zip Code Valdez, AK 99686-1503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 162/173 Rpt: 168/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/30/2024 Walker, Mary \$500.00 6 Contributor address; City; State; Zip Code Austin, TX 78704-1530 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2024 \$10.00 Walman, Helen Contributor address; City; State; Zip Code Dallas, TX 75248-1348 Principal occupation / Job title (See Instructions) Employer (See Instructions) Psychotherapist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/30/2024 Walsh, Daniel \$135.00 Contributor address; City; State; Zip Code Cincinnati, OH 45211-4845 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/29/2024 \$100.00 Warner, Richard Contributor address; City; State; Zip Code Arlington, TX 76015-2812 Principal occupation / Job title (See Instructions) Employer (See Instructions) SW Engineer Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/30/2024 \$100.00 Warner, Richard Contributor address; City; State; Zip Code Arlington, TX 76015-2812 Principal occupation / Job title (See Instructions) Employer (See Instructions) SW Engineer

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 163/173 Rpt: 169/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/30/2024 Warner, Richard \$100.00 6 Contributor address; City; State; Zip Code Arlington, TX 76015-2812 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) SW Engineer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/30/2024 Warner, Richard \$100.00 Contributor address; City; State; Zip Code Arlington, TX 76015-2812 Principal occupation / Job title (See Instructions) Employer (See Instructions) SW Engineer Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/30/2024 Warner, Richard \$100.00 Contributor address; City; State; Zip Code Arlington, TX 76015-2812 Principal occupation / Job title (See Instructions) Employer (See Instructions) SW Engineer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/14/2024 \$100.00 Warren, Jermaine Contributor address; City; State; Zip Code Austin, TX 78756-1622 Principal occupation / Job title (See Instructions) Employer (See Instructions) Investment Management Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/19/2024 \$5.00 Watkins, Doris Contributor address; City; State; Zip Code Fort Worth, TX 76110-1741 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Tarrant County Family Court Services**

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 164/173 Rpt: 170/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/19/2024 Watkins, Doris \$5.00 6 Contributor address; City; State; Zip Code Fort Worth, TX 76110-1741 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Tarrant County Family Court Services** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/19/2024 Watkins, Doris \$5.00 Contributor address; City; State; Zip Code Fort Worth, TX 76110-1741 Principal occupation / Job title (See Instructions) Employer (See Instructions) Tarrant County Family Court Services Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/19/2024 Watkins, Doris \$5.00 Contributor address; City; State; Zip Code Fort Worth, TX 76110-1741 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Tarrant County Family Court Services** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/30/2024 Watkins, Doris \$10.00 Contributor address; City; State; Zip Code Fort Worth, TX 76110-1741 Principal occupation / Job title (See Instructions) Employer (See Instructions) Tarrant County Family Court Services Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/11/2024 Wear, Kristin \$250.00 Contributor address; City; State; Zip Code Austin, TX 78759-8017 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 165/173 Rpt: 171/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/31/2024 Weidner MD, Faith \$10.00 6 Contributor address; City; State; Zip Code Simsbury, CT 06070-2515 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/21/2024 Weinstein, Hilary \$1,032.70 Contributor address; City; State; Zip Code Fort Worth, TX 76107-2799 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/21/2024 Welch, R \$50.00 Contributor address; City; State; Zip Code Nashville, TN 37211-6699 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/31/2024 \$25.00 West, Marsha Contributor address; City; State; Zip Code Fort Worth, TX 76108-9727 Principal occupation / Job title (See Instructions) Employer (See Instructions) writer Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/01/2024 \$10.00 Whitney, Kathleen Contributor address; City; State; Zip Code Spring, TX 77381-5128 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 166/173 Rpt: 172/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/29/2024 Whitten, Lynn \$100.00 6 Contributor address; City; State; Zip Code Austin, TX 78704-3101 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) N/A Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/30/2024 \$100.00 Whitten, Lynn Contributor address; City; State; Zip Code Austin, TX 78704-3101 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/30/2024 Whitten, Lynn \$100.00 Contributor address; City; State; Zip Code Austin, TX 78704-3101 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/30/2024 \$100.00 Whitten, Lynn Contributor address; City; State; Zip Code Austin, TX 78704-3101 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/30/2024 \$100.00 Whitten, Lynn Contributor address; City; State; Zip Code Austin, TX 78704-3101 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 167/173 Rpt: 173/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/25/2024 Widoff, Mark \$10.00 6 Contributor address; City; State; Zip Code Lewes. DE 19958-1764 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/27/2024 \$10.00 Widoff, Mark Contributor address; City; State; Zip Code Lewes, DE 19958-1764 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/29/2024 Wildwind, Landry \$10.00 Contributor address; City; State; Zip Code El Cerrito, CA 94530-3317 Principal occupation / Job title (See Instructions) Employer (See Instructions) office manager Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/07/2024 \$25.00 Winzeler, Paula Contributor address; City; State; Zip Code Evansville, IN 47710-2148 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/29/2024 \$25.00 Winzeler, Paula Contributor address; City; State; Zip Code Evansville, IN 47710-2148 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 168/173 Rpt: 174/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/15/2024 Wollman, Erica \$500.00 6 Contributor address; City; State; Zip Code Austin, TX 78705-5116 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Senior Executive Assistant Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/09/2024 \$10.00 Wooten, Kennon Contributor address; City; State; Zip Code Austin, TX 78704-2635 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/09/2024 Wooten, Kennon \$10.00 Contributor address; City; State; Zip Code Austin, TX 78704-2635 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/01/2024 Wooten, Kennon \$1,250.00 Contributor address; City; State; Zip Code Austin, TX 78704-2635 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/09/2024 \$10.00 Wooten, Kennon Contributor address; City; State; Zip Code Austin, TX 78704-2635 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 169/173 Rpt: 175/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/09/2024 Wooten, Kennon \$10.00 6 Contributor address; City; State; Zip Code Austin, TX 78704-2635 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/05/2024 Wrather, Lauren \$5.00 Contributor address; City; State; Zip Code Austin, TX 78728-1416 Principal occupation / Job title (See Instructions) Employer (See Instructions) Accountant Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/05/2024 \$5.00 Wrather, Lauren Contributor address; City; State; Zip Code Austin, TX 78728-1416 Principal occupation / Job title (See Instructions) Employer (See Instructions) Accountant Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/05/2024 \$5.00 Wrather, Lauren Contributor address; City; State; Zip Code Austin, TX 78728-1416 Principal occupation / Job title (See Instructions) Employer (See Instructions) Accountant Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/05/2024 \$5.00 Wrather, Lauren Contributor address; City; State; Zip Code Austin, TX 78728-1416 Principal occupation / Job title (See Instructions) Employer (See Instructions) Accountant

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete th	iis form.	1	Total pages Schedule A1: Sch: 170/173 Rpt: 176/250)
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Annie's List				00053715	
4	Date	5 Full name of contributor out-of-state PAC ((ID#:)	7	Amount of Contribution (\$)	
	02/27/2024	Wright, Carlecia D.				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77018-1415				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Director					
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	
	03/27/2024	Wright, Carlecia D.				\$10.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77018-1415				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Director					
	Date	Full name of contributor 🔲 out-of-state PAC ((ID#:)		Amount of Contribution (\$)	
	04/27/2024	Wright, Carlecia D.				\$10.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77018-1415				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Director					
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	
	05/27/2024	Wright, Carlecia D.				\$10.00
		Contributor address; City; State; Zip Code				
	Deinsinglasse	Houston, TX 77018-1415	England (Or a la struction			
	Director	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Director			_		
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	
	06/27/2024	Wright, Carlecia D.				\$10.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77018-1415				
\vdash	Principal acou		Employer (Soo Instruction	<u> </u>		
	Director	pation / Job title (See Instructions)	Employer (See Instructions	5)		
⊢	Director					

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 171/173 Rpt: 177/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/14/2024 Yeager, Bob \$10.53 6 Contributor address; City; State; Zip Code The Woodlands, TX 77380-3344 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/30/2024 Yeager, Bob \$26.01 Contributor address; City; State; Zip Code The Woodlands, TX 77380-3344 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/14/2024 Yeager, Bob \$10.53 Contributor address; City; State; Zip Code The Woodlands, TX 77380-3344 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/14/2024 Yeager, Bob \$10.53 Contributor address; City; State; Zip Code The Woodlands, TX 77380-3344 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/14/2024 Yeager, Bob \$10.53 Contributor address; City; State; Zip Code The Woodlands, TX 77380-3344 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 172/173 Rpt: 178/250 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Annie's List 00053715 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/01/2024 Young, Harry \$10.00 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/10/2024 \$50.00 Zimmerman, Lauren Contributor address; City; State; Zip Code Las Cruces, NM 88012-5101 Principal occupation / Job title (See Instructions) Employer (See Instructions) Campaign Manager Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 05/10/2024 Zipp, Jodi \$250.00 Contributor address; City; State; Zip Code Austin, TX 78702-5609 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/31/2024 \$25.00 chaney, melinda Contributor address; City; State; Zip Code Richardson, TX 75083-2563 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/27/2024 \$25.00 van Gelder, Diane Contributor address; City; State; Zip Code Watauga, TX 76148-3225 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 173/173 Rpt: 179/250
2	FILER NAME Annie's List			3 Filer ID (Ethics Commission Filers) 00053715
4	Date 05/16/2024	 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)\$2,500.00
		Austin, TX 78746-1082		
8	Principal occu Consultant		9 Employer (See Instructions)

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instrue	cti	on Guide explains how to complete this form.	1	Total pages Schedule C1: Sch: 1/1 Rpt: 180/250
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Annie's List				00053715
4	Date	5	Corporation / Labor Organization name	7	Amount of contribution (\$)
	05/17/2024		Texas State Teachers Association		\$2,000.00
		6	Corporation / Labor Organization address; City; State; Zip Code		
			Austin, TX 78701-1815		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			SCHEDULE F1
	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Lo Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense inting Expense Iaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1: Sch: 1/35 Rpt:	2 FILER NAME Annie's List	3	 Filer ID (Ethics Commission Filers) 00053715
4 Date 05/03/2024	5 Payee name AT&T Hotel and Conference Center		
6 Amount (\$) \$10,067.00	 7 Payee address; City; State; Z 1900 University Ave Austin, TX 78705-5611 	ip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Event Expense	Check if travel ou	tside of Texas. Complete Schedule T. 'X, officeholder living expense XPENSES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		e sought	Office held
Date 02/25/2024	Payee name ActBlue		
Amount (\$) \$36.71	Payee address; City; State; Z PO Box 441146	ip Code	
Expenditure from corporate funds	West Somerville, MA 02144-0031		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Fees	Check if travel ou Check if Austin, T	tside of Texas. Complete Schedule T. X, officeholder living expense ard processing fees
Complete ONLY if direct expenditure to benefit C/OI		e sought	Office held
Date 03/03/2024	Payee name ActBlue		
Amount (\$) \$82.82	Payee address; City; State; Z PO Box 441146	ip Code	
Expenditure from corporate funds	West Somerville, MA 02144-0031		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Fees	Check if travel ou Check if Austin, T	tside of Texas. Complete Schedule T. X, officeholder living expense ard processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		e sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL SCHEDU		
	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/Reinbursement Fees Office Overhaed/Rental Expense Food/Beverage Expense Polling Expense gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
Sch: 2/35 Rpt:	Annie's List	00053715
4 Date 03/10/2024	5 Payee name ActBlue	
6 Amount (\$) \$17.84	7 Payee address; City; State; Zip Code PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	Check if Austin, TX	tide of Texas. Complete Schedule T. K, officeholder living expense rd processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
03/17/2024	ActBlue	
Amount (\$) \$91.52	Payee address; City; State; Zip Code PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	Check if Austin, TX	tide of Texas. Complete Schedule T. 6, officeholder living expense 7 d processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
03/24/2024	ActBlue	
Amount (\$) \$39.43	Payee address; City; State; Zip Code PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	Check if Austin, TX	ide of Texas. Complete Schedule T. c, officeholder living expense rd processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held

POLITICAL EXPENDITURES FROM POLITICAL SCH		
	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 Fees Office Overhaed/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
Sch: 3/35 Rpt:	Annie's List	00053715
4 Date 03/31/2024	5 Payee name ActBlue	
6 Amount (\$) \$50.92	7 Payee address; City; State; Zip Code PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	Check if Austin, TX	ide of Texas. Complete Schedule T. , officeholder living expense d processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
04/07/2024	ActBlue	
Amount (\$) \$183.94	Payee address; City; State; Zip Code PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	Check if Austin, TX	ide of Texas. Complete Schedule T. , officeholder living expense d processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
04/14/2024	ActBlue	
Amount (\$) \$155.52	Payee address; City; State; Zip Code PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	Check if Austin, TX	ide of Texas. Complete Schedule T. , officeholder living expense d processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held

POLITICAL EXI CONTRIBUTIO	SCHEDULE F1	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)
1 Total pages Schedule F1: Sch: 4/35 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 04/21/2024	5 Payee name ActBlue	i
6 Amount (\$) \$21.61	7 Payee address; City; State; Zip Code PO Box 441146	
8 PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense credit card processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date 04/28/2024 Amount (\$) \$213.16	Payee name ActBlue Payee address; City; State; Zip Code PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense credit card processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date 05/05/2024 Amount (\$) \$312.85	Payee name ActBlue Payee address; City; State; Zip Code PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense credit card processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held

POLITICAL EXPENDITURES FROM POLITICAL SCHEDU		
	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/Re Fees Office Overhead/Rer Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	imbursement Solicitation/Fundraising Expense tal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District tract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/35 Rpt:	Annie's List	00053715
4 Date 05/12/2024	5 Payee name ActBlue	
6 Amount (\$) \$461.59	7 Payee address; City; State; Zip Code PO Box 441146	
corporate funds	West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	Fees	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ine credit card processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
05/19/2024	ActBlue	
Amount (\$) \$548.06	Payee address; City; State; Zip Code PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	Fees	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ine credit card processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
05/26/2024	ActBlue	
Amount (\$) \$848.43	Payee address; City; State; Zip Code PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	Fees	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ine credit card processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

POLITICAL EXI CONTRIBUTIO	SCHEDULE F1	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Con	tal Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Tract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1: Sch: 6/35 Rpt:	The Instruction Guide explains how to complete th FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 06/02/2024	5 Payee name ActBlue	
6 Amount (\$) \$29.14	7 Payee address; City; State; Zip Code PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	Fees	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ine credit card processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
06/09/2024	ActBlue	
Amount (\$) \$18.42	Payee address; City; State; Zip Code PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	Fees	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ine credit card processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date 06/16/2024	Payee name ActBlue	
Amount (\$) \$18.82	Payee address; City; State; Zip Code PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	Fees	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ine credit card processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held

POLITICAL EXI CONTRIBUTIO	SCHEDULE F1	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1: Sch: 7/35 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715 00053715
4 Date 06/23/2024	5 Payee name ActBlue	
6 Amount (\$) \$76.48	 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031 	
Corporate funds OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense t card processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date 06/30/2024 Amount (\$) \$80.47	Payee name ActBlue Payee address; City; State; Zip Code PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	Check if Aus	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense t card processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date 03/28/2024 Amount (\$)	Payee name Annie's List Training and Engagment Fund Payee address; City; State; Zip Code	
\$39,187.50	P.O. Box 303277 Austin, TX 78703	
PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense PORT
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held

POLITICAL EXE CONTRIBUTIO	SCHEDULE F1	
	EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
Sch: 8/35 Rpt:	Annie's List	00053715
4 Date 02/26/2024	5 Payee name Bank of America	
6 Amount (\$) \$35.00	 Payee address; City; State; Zip Code 100 N Tryon St 	
Expenditure from corporate funds	Charlotte, NC 28202-2135	
8 PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
04/02/2024	Bank of America	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 100 N Tryon St	
Expenditure from corporate funds	Charlotte, NC 28202-2135	
PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
04/10/2024	Bank of America	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 100 N Tryon St	
Expenditure from corporate funds	Charlotte, NC 28202-2135	
PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held

POLITICAL EXI CONTRIBUTIO	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/Reinbursem Fees Office Overhead/Rental Expen Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/35 Rpt:	Annie's List	00053715
4 Date 05/03/2024	5 Payee name Bank of America	
6 Amount (\$) \$35.00	 7 Payee address; City; State; Zip Code 100 N Tryon St 	
Expenditure from corporate funds	Charlotte, NC 28202-2135	
8 PURPOSE OF EXPENDITURE		ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
05/03/2024	Bank of America	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 100 N Tryon St	
Expenditure from corporate funds	Charlotte, NC 28202-2135	
PURPOSE OF EXPENDITURE		ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Pavee name	
05/16/2024	Bank of America	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 100 N Tryon St	
Expenditure from corporate funds	Charlotte, NC 28202-2135	
PURPOSE OF EXPENDITURE		ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

POLITICAL EXE CONTRIBUTIO	SCHEDULE F1	
	EXPENDITURE CATEGORIES FOR BO)X 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayme Fees Office Overhea Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	nt/Reimbursement Solicitation/Fundraising Expense d/Rental Expense Transportation Equipment & Related Expense ravel in District ravel Out of District /Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1: Sch: 10/35 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 05/16/2024	5 Payee name Bank of America	
6 Amount (\$) \$35.00 Expenditure from corporate funds	 Payee address; City; State; Zip Code 100 N Tryon St Charlotte, NC 28202-2135 	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense bank fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
05/23/2024	Bank of America	
Amount (\$) \$15.00	Payee address;City;State;Zip Code100 N Tryon St	
Expenditure from corporate funds	Charlotte, NC 28202-2135	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense bank fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date 06/27/2024	Payee name Bank of America	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 100 N Tryon St	
Expenditure from corporate funds	Charlotte, NC 28202-2135	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense bank fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

POLITICAL EXI CONTRIBUTIO	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/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1: Sch: 11/35 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 06/27/2024	5 Payee name Bank of America	
6 Amount (\$) \$35.00	 Payee address; City; State; Zip Code 100 N Tryon St 	
Expenditure from corporate funds	Charlotte, NC 28202-2135	
8 PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
03/15/2024	Blue Scout Digital	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,000.00	2505 Royal Birkdale Dr	
Expenditure from corporate funds	Plano, TX 75025-5067	
PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense I ting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
04/02/2024	Blue Scout Digital	
Amount (\$) \$2,400.00	Payee address;City;State;ZipCode2505 Royal Birkdale Dr	
Expenditure from corporate funds	Plano, TX 75025-5067	
PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense I ting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPE	NDITURES FROM PO	DLITICAL	
	EXPENDITURE CATE	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	So Tra
Consulting Expense	Food/Beverage Expense	Polling Expense	Tra

olicitation/Fundraising Expense ansportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee		Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1: Sch: 12/35 Rpt:	2 FILER NAM				3 Filer ID 00053715	(Ethics Commission Filers)
4 Date	5 Payee name					
05/08/2024	Blue Scout					
6 Amount (\$)	7 Payee addre	-	te; Zip Code	<u>,</u>		
\$2,700.00	-	l Birkdale Dr	ite, Zip 6000			
, ,						
Expenditure from corporate funds	Plano, TX 7	75025-5067				
8 PURPOSE OF		ee Categories listed at the top of this	schedule) (k	Description		
EXPENDITURE	Consulting	Expense			outside of Texas. Com n, TX, officeholder living	
				Digital consu		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		iceholder name	Office sough	t	Office he	eld
Date	Payee name					
06/07/2024	Blue Scout	Digital				
Amount (\$)	Payee addre	ess; City; Sta	te; Zip Code)		
\$3,000.00	2505 Roya	l Birkdale Dr				
Expenditure from corporate funds	Plano, TX T	75025-5067				
PURPOSE OF		ee Categories listed at the top of this	schedule) (k) Description		
EXPENDITURE	Consulting	Expense			outside of Texas. Com n, TX, officeholder living	
				Digital consu		j expense
				5	5	
Complete ONLY if direct	Candidate/Off	iceholder name	Office sough	t	Office he	eld
expenditure to benefit C/OF	4		-			
Date	Payee name					
03/13/2024	Bumper Ac					
Amount (\$)	Payee addre	ess; City; Sta	te; Zip Code	<u>,</u>		
\$41.57	5925 Burne		, , ,			
Expenditure from corporate funds	Austin, TX	78757-3224				
PURPOSE OF		see Categories listed at the top of this	schedule) (k	Description	enterida ef T	riste Ochodule T
EXPENDITURE	Printing Ex	pense			outside of Texas. Com n, TX, officeholder living	
				online store r		- p
Complete ONLY if direct	Candidate/Off	iceholder name	Office sough	t	Office he	eld
expenditure to benefit C/OF	4					

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

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: 13/35 Rpt:	Annie's List 00053715					
4 Date	5 Payee name					
03/13/2024	Bumper Active					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$41.57	5925 Burnet Rd					
Expenditure from corporate funds	Austin, TX 78757-3224					
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense online store merchandise 					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
04/11/2024	Bumper Active					
Amount (\$)	Payee address; City; State; Zip Code					
\$41.57	\$41.57 5925 Burnet Rd					
Expenditure from corporate funds	Austin, TX 78757-3224					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense online store merchandise 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
04/26/2024	Bumper Active					
Amount (\$)	Payee address; City; State; Zip Code					
\$490.00	5925 Burnet Rd					
Expenditure from corporate funds	Austin, TX 78757-3224					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense online store merchandise					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

POLITICAL EX	PENDITURES FROM POLITICAL SCHEDULE F1
	13
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 14/35 Rpt:	Annie's List 00053715
4 Date 05/09/2024	5 Payee name Bumper Active
6 Amount (\$) \$41.57 Expenditure from corporate funds	 7 Payee address; City; State; Zip Code 5925 Burnet Rd Austin, TX 78757-3224
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense online store merchandise
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/20/2024	Bumper Active
Amount (\$) \$41.57 Expenditure from	Payee address; City; State; Zip Code 5925 Burnet Rd
corporate funds	Austin, TX 78757-3224
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

\$180.00

Complete ONLY if direct

Date

06/26/2024

Amount (\$)

Expenditure from

corporate funds

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

expenditure to benefit C/OH

Candidate/Officeholder name

City;

(a) Category (See Categories listed at the top of this schedule)

Payee name

Bumper Active

Payee address;

5925 Burnet Rd

Printing Expense

Austin, TX 78757-3224

Candidate/Officeholder name

Office sought

State; Zip Code

Office sought

(b) Description

online store merchandise

Office held

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

online store merchandise

POLITICAL EXPENDITURES FROM POLITICALSCHEDULE F1CONTRIBUTIONSSCHEDULE F1						
	EXPENDITURE CATEGORIES FOR BOX	8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ontract Labor OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 15/35 Rpt:	Annie's List	00053715				
4 Date 05/13/2024	5 Payee name CCR Studios					
6 Amount (\$) \$1,299.00	 Payee address; City; State; Zip Code 9501 Argyle Dr 					
Expenditure from corporate funds	Austin, TX 78749-5210					
8 PURPOSE OF EXPENDITURE	Consulting Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense hotography				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
Date	Payee name					
06/03/2024	Flagship Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$250.00	7926 Broadway					
Expenditure from corporate funds	Apt 707 San Antonio, TX 78209-2613					
PURPOSE OF EXPENDITURE	Consulting Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ata consulting				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
Date	Payee name					
03/21/2024	Gusto					
Amount (\$) \$267.93	Payee address;City;State;Zip Code525 20th St					
Expenditure from corporate funds	San Francisco, CA 94107-4345					
PURPOSE OF EXPENDITURE	Fees	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Custo fees				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				

POLITICAL EXPENDITURES FROM POLITICAL 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 Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense / - Gift/Awards/Memorials Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME 3	B Filer ID (Ethics Commission Filers)				
Sch: 16/35 Rpt:	Annie's List	00053715				
4 Date 03/21/2024	5 Payee name Gusto					
6 Amount (\$) \$134.38	7 Payee address; City; State; Zip Code 525 20th St					
Expenditure from corporate funds	San Francisco, CA 94107-4345					
8 PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. "X, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held				
Date	Payee name					
03/21/2024	Gusto					
Amount (\$) \$46.83	Payee address; City; State; Zip Code 525 20th St					
Expenditure from corporate funds	San Francisco, CA 94107-4345					
PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. "X, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held				
Date	Payee name					
04/02/2024	Gusto					
Amount (\$) \$249.24	Payee address; City; State; Zip Code 525 20th St					
Expenditure from corporate funds	San Francisco, CA 94107-4345					
PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held				

	POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1						
	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Trans Food/Beverage Expense Polling Expense Trave y - Gift/Awards/Memorials Expense Printing Expense Trave	tation/Fundraising Expense sportation Equipment & Related Expense I in District I Out of District ER (enter a category not listed above)					
1 Total pages Schedule F1: Sch: 17/35 Rpt:		ID (Ethics Commission Filers) 53715					
4 Date 05/03/2024	5 Payee name Gusto						
6 Amount (\$) \$149.24	 Payee address; City; State; Zip Code 525 20th St 						
corporate funds	San Francisco, CA 94107-4345						
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of T Check if Austin, TX, officet Payroll fee 	exas. Complete Schedule T. nolder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office held					
Date	Payee name						
06/05/2024	Gusto						
Amount (\$) \$149.24	Payee address; City; State; Zip Code 525 20th St						
Expenditure from corporate funds	San Francisco, CA 94107-4345						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of T Check if Austin, TX, officet Payroll fee 	exas. Complete Schedule T. nolder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office held					
Date	Payee name						
03/18/2024	Humana Inc.						
Amount (\$) \$4,008.26	Payee address; City; State; Zip Code PO Box 4612						
Expenditure from corporate funds	Carol Stream, IL 60197-4612						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of T Check if Austin, TX, officel health insurance 	iexas. Complete Schedule T. nolder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						

POLITICAL EXPENDITURES FROM POLITICALSCHEDULE F1CONTRIBUTIONSSCHEDULE 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 Gift/Awards/Memorials Expense Printing Expense Travel Out of District					
1 Total pages Schedule F1: Sch: 18/35 Rpt:	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Annie's List 00053715					
4 Date 03/20/2024	5 Payee name Humana Inc.					
6 Amount (\$) \$4,008.26	7 Payee address; City; State; Zip Code PO Box 4612					
corporate funds	Carol Stream, IL 60197-4612					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense health insurance					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
04/03/2024	Humana Inc.					
Amount (\$) \$4,008.26	Payee address; City; State; Zip Code PO Box 4612					
Expenditure from corporate funds	Carol Stream, IL 60197-4612					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense health insurance					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date 04/03/2024	Payee name Humana Inc.					
Amount (\$) \$365.20	Payee address; City; State; Zip Code PO Box 4612					
Expenditure from corporate funds	Carol Stream, IL 60197-4612					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense health insurance 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
Sch: 19/35 Rpt:	Annie's List	00053715					
4 Date 05/03/2024	5 Payee name Humana Inc.						
6 Amount (\$) \$2,467.12	7 Payee address; City; State; Zip Code PO Box 4612						
corporate funds	Carol Stream, IL 60197-4612						
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense health insurance 						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
Date	Payee name						
05/16/2024	Humana Inc.						
Amount (\$) \$2,467.12	Payee address; City; State; Zip Code PO Box 4612						
Expenditure from corporate funds	Carol Stream, IL 60197-4612						
PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense ANCE					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
Date	Payee name						
06/03/2024	Humana Inc.						
Amount (\$) \$919.88	Payee address; City; State; Zip Code PO Box 4612						
Expenditure from corporate funds	Carol Stream, IL 60197-4612						
PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense ance					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXI	PENDITURES FROM POLITIC/ NS	AL	SCHEDULE F1
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	·	3	Filer ID (Ethics Commission Filers)
Sch: 20/35 Rpt:	Annie's List	3	00053715
4 Date			
4 Date 05/03/2024	5 Payee name IPA Visual Services		
6 Amount (\$) \$515.00	7 Payee address; City; State; Zip C 6704 Mariposa Dr	Code	
Expenditure from corporate funds	El Paso, TX 79912-3218	_	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		ide of Texas. Complete Schedule T. , officeholder living expense r an event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	bught	Office held
Date	Payee name		
02/29/2024	Intuit		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$95.94	2632 Marine Way		
Expenditure from corporate funds	Mountain View, CA 94043-1126		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Accounting/Banking		ide of Texas. Complete Schedule T. , officeholder living expense NATE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	Dught	Office held
Date	Payee name		
03/28/2024	Intuit		
Amount (\$) \$95.94	Payee address; City; State; Zip C 2632 Marine Way	Code	
Expenditure from corporate funds	Mountain View, CA 94043-1126		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		ide of Texas. Complete Schedule T. , officeholder living expense NATE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	bught	Office held

<u> </u>										
	POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE I				SCHEDULE F1					
				EXPENDITURE CATE	GORIE	S FO	R BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	C P S	office Ov olling E rinting I alaries/	payment/Reimbursement verhead/Rental Expense Expense Wages/Contract Labor omplete this form.		Transportation Travel in Distric Travel Out of D	-
1	Total pages Schedule F1:	2	FILER NAM	1E				3	Filer ID	(Ethics Commission Filers
	Sch: 21/35 Rpt:		Annie's Lis	st					00053715	
4	Date 04/29/2024	5	Payee nam Intuit	e						
6	Amount (\$) \$95.94 Expenditure from corporate funds	7	Payee addr 2632 Mari Mountain		State; 2	Zip C	ode			
8	PURPOSE OF EXPENDITURE	(a)) Category Accounting	See Categories listed at the top of th g/Banking	nis schedu	lle)		n, TX	<, officeholder livin	nplete Schedule T. Ig expense

9 Complete <u>ONLY</u> if direct candidate/Officeholder name expenditure to benefit C/OH

Date 05/28/2024	Payee name Intuit
Amount (\$) \$95.94	Payee address; City; State; Zip Code 2632 Marine Way
corporate funds	Mountain View, CA 94043-1126
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense accounting software
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/28/2024	Intuit
Amount (\$) \$95.94	Payee address; City; State; Zip Code 2632 Marine Way
corporate funds	Mountain View, CA 94043-1126
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense accounting software
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

Office sought

Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 22/35 Rpt:	Annie's List 00053715	
4 Date	5 Payee name	
04/02/2024	Kristian Carranza for Texas	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$720.00	PO Box 831436	
Expenditure from corporate funds	San Antonio, TX 78283-1436	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
06/27/2024	Laurel Swift Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$10,000.00	PO Box 6866	
Expenditure from	San Antonio, TX 78209-0866	
corporate funds		
PURPOSE OF	 (a) Category (See Categories listed at the top of this schedule) (b) Description (contributions/Donations Made By (b) Description (contributions/Donations Made By 	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
	Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
05/16/2024	Lauren Simmons Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	PO Box 56386	
Expenditure from corporate funds	Houston, TX 77256-6386	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	5	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B 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 - Gift/Awards/Memorials Expense Printing Expense Travel Out of District	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 23/35 Rpt:	Annie's List 00053715	
4 Date	5 Payee name	
06/27/2024	Mihaela Plesa Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10,000.00	PO Box 796311	
Expenditure from corporate funds	Dallas, TX 75379-6311	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	I I Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
02/26/2024	Molly Cook Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$5,000.00	PO Box 667238	
Expenditure from corporate funds	Houston, TX 77266-7238	
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 Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
05/16/2024	Molly Cook Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	PO Box 667238	
Expenditure from corporate funds	Houston, TX 77266-7238	
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 Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Re Fees Office C Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental ExpenseSolicitation/Fundraising ExpensetypenseTransportation Equipment & Related ExpenseExpenseTravel in DistrictExpenseTravel Out of DistrictWages/Contract LaborOTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 24/35 Rpt:	Annie's List	00053715
4 Date	5 Payee name	
03/14/2024	Montemayor Britton Bender PC	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$750.00	2525 Wallingwood Dr	
	Ste 200	
Expenditure from corporate funds	Austin, TX 78746-6937	
8 PURPOSE		
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught Office held
Date	Payee name	
03/14/2024	Montemayor Britton Bender PC	
Amount (\$)	Payee address; City; State; Zip C	ode
\$450.00	2525 Wallingwood Dr	
	Ste 200	
Expenditure from corporate funds	Austin, TX 78746-6937	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting services
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught Office held
Date	Payee name	
04/17/2024	Montemayor Britton Bender PC	
Amount (\$)	Payee address; City; State; Zip C	ode
\$800.00	2525 Wallingwood Dr	
	Ste 200	
Expenditure from corporate funds	Austin, TX 78746-6937	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting services
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		POLITICAL
	EXPENDITURE C	ATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:		3	
Sch: 25/35 Rpt:	Annie's List		00053715
4 Date 04/17/2024	5 Payee name Montemayor Britton Bender PC		
6 Amount (\$) \$480.00 Expenditure from corporate funds	 Payee address; City; State; 2525 Wallingwood Dr Ste 200 Austin, TX 78746-6937 	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Accounting/Banking	Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense /ICES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought	Office held
Date 05/09/2024	Payee name Montemayor Britton Bender PC		
Amount (\$) \$480.00	Payee address; City; State; 2525 Wallingwood Dr Ste 200 Austin, TX 78746-6937	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Accounting/Banking	Check if travel outs	ide of Texas. Complete Schedule T. c, officeholder living expense /ICES
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought	Office held
Date 06/14/2024	Payee name Montemayor Britton Bender PC		
Amount (\$) \$540.00 Expenditure from corporate funds	Payee address; City; State; 2525 Wallingwood Dr Ste 200 Austin, TX 78746-6937	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Accounting/Banking	Check if travel outs	side of Texas. Complete Schedule T. c, officeholder living expense /ICES
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS
EXPENDITURE CATEGORIES FOR BOX 8(a)

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 26/35 Rpt:	Annie's List 00053715	
4 Date	5 Payee name	
06/14/2024	Montemayor Britton Bender PC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$340.00	2525 Wallingwood Dr	
	Ste 200	
Expenditure from corporate funds	Austin, TX 78746-6937	
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting services 	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
06/21/2024	Montemayor Britton Bender PC	
Amount (\$)	Payee address; City; State; Zip Code	
\$800.00	2525 Wallingwood Dr	
Expenditure from corporate funds	Ste 200 Austin, TX 78746-6937	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting services 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
04/01/2024	NGP VAN Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,053.21	1445 New York Ave NW	
	Ste 200	
Expenditure from corporate funds	Washington, DC 20005-2158	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Voter file access 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repayment/Reimursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel out of District	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 27/35 Rpt:	Annie's List 00053715	
4 Date	5 Payee name	
04/03/2024	NGP VAN Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,053.21	1445 New York Ave NW	
	Ste 200	
Expenditure from corporate funds	Washington, DC 20005-2158	
8 PURPOSE		
OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense voter file access 	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
04/08/2024	NGP VAN Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,053.21	1445 New York Ave NW	
Expenditure from corporate funds	Ste 200 Washington, DC 20005-2158	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense voter file access 	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	Н	
Date	Payee name	
05/03/2024	NGP VAN Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,053.21	1445 New York Ave NW	
	Ste 200	
Expenditure from corporate funds	Washington, DC 20005-2158	
OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense voter file access 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

	POLITICAL EXI	PENDITURES FROM POLITICAL SCHEDULE F1 NS SCHEDULE F1	L			
		EXPENDITURE CATEGORIES FOR BOX 8(a)	_			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica					
	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1: Sch: 28/35 Rpt:	2 FILER NAME 3 Filer ID (Ethics Commission File Annie's List 00053715	rs)			
4	Date 06/03/2024	5 Payee name NGP VAN Inc.				
6	Amount (\$) \$2,053.21 Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158				
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense voter file access 	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date 04/03/2024	Payee name Numero				
	Amount (\$) \$750.00	Payee address; City; State; Zip Code 200 Spectrum Center Dr Ste 300 Ste 300				
	corporate funds	Irvine, CA 92618-5004				
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fundraising software for Laurel Jordan Swift Campaign 				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			

Forms provided by Texas Ethics Commission

\$750.00

expenditure to benefit C/OH

Date

05/01/2024

Amount (\$)

Expenditure from

corporate funds PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Payee name

Payee address;

200 Spectrum Center Dr

Irvine, CA 92618-5004

Candidate/Officeholder name

City;

(a) Category (See Categories listed at the top of this schedule)

Solicitation/Fundraising Expense

Numero

Ste 300

State; Zip Code

Office sought

(b) Description

Campaign

Check if travel outside of Texas. Complete Schedule T.

fundraising software for Laurel Jordan Swift

Office held

Check if Austin, TX, officeholder living expense

POLITICAL EXPENDITURES FROM POLITICALSCHEDULE F1CONTRIBUTIONSSCHEDULE F1							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense I Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1 Total pages Schedule F1: Sch: 29/35 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715					
4 Date 06/03/2024	5 Payee name Numero						
6 Amount (\$) \$750.00 Expenditure from corporate funds	7 Payee address; City; State; Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004						
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fundraising software for Laurel Jordan Swith Campaign 						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
Date 03/15/2024	Payee name PADILLA, GRACIE						
Amount (\$) \$271.00	Payee address; City; State; Zip Code PO Box 303277 Austin, TX 78703-0055						
PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense bursement					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
Date 02/26/2024	Payee name Prosperity Bank						
Amount (\$) \$4,157.55							
Expenditure from corporate funds							
PURPOSE OF EXPENDITURE	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ayment						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXI	PENDITURES FROM POLITICAL	SCHEDULE F1
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhea Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	nt/Reinbursement Solicitation/Fundraising Expense d/Rental Expense Transportation Equipment & Related Expense e Travel in District se Travel Out of District s/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	• •	3 Filer ID (Ethics Commission Filers)
Sch: 30/35 Rpt:	Annie's List	00053715
•	_	00033713
4 Date	5 Payee name	
04/03/2024	Prosperity Bank	
6 Amount (\$) \$6,713.82	7 Payee address; City; State; Zip Code PO Box 660525	
Expenditure from corporate funds	Dallas, TX 75266-0525	
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Credit Card Payment 	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
04/26/2024	Prosperity Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$6,648.88	PO Box 660525	
Expenditure from corporate funds	Dallas, TX 75266-0525	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Credit Card Payment 	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
05/28/2024	Prosperity Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$7,912.93	PO Box 660525	
Expenditure from corporate funds	Dallas, TX 75266-0525	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Credit Card Payment 	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

POLITICAL EXE	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 Rep Fees Office Ov Food/Beverage Expense Polling E2 - Gift/Awards/Memorials Expense Printing E	oayme erhea kpense Expens Wages	nt/Reimbursement Solicitation/Fundraising Expense d/Rental Expense Transportation Equipment & Related Expense e Travel in District se Travel Out of District s/Contract Labor OTHER (enter a category not listed above)					
1 Total pages Schedule F1: Sch: 31/35 Rpt:	2 FILER NAME Annie's List							
4 Date 05/31/2024	5 Payee name Prosperity Bank							
6 Amount (\$) \$9,409.08	7 Payee address; City; State; Zip Co PO Box 660525	ode						
Expenditure from corporate funds	Dallas, TX 75266-0525							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sou	ught	Office held					
Date	Payee name							
05/31/2024	Prosperity Bank							
Amount (\$) \$2,074.13	Amount (\$)Payee address;City;State;Zip Code\$2,074.13PO Box 660525							
Expenditure from corporate funds	Dallas, TX 75266-0525							
PURPOSE OF EXPENDITURE			Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	l Jght	Office held					
Date 06/10/2024	Payee name Prosperity Bank							
Amount (\$) \$10,000.00								
Expenditure from corporate funds	Dallas, TX 75266-0525							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment							
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	L Jght	Office held					

POLITICAL EXE	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 Re Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Solici verhead/Rental Expense Trave Expense Trave Wages/Contract Labor OTHE	tation/Fundraising Expense portation Equipment & Related Expense I in District I Out of District ER (enter a category not listed above)					
1 Total pages Sabadula E1;	•		ID (Ethics Commission Filers)					
1 Total pages Schedule F1: Sch: 32/35 Rpt:	Annie's List	3 Filer 000	53715					
4 Date 06/10/2024	5 Payee name Prosperity Bank							
6 Amount (\$) \$6,574.46	7 Payee address; City; State; Zip C PO Box 660525	Code						
Expenditure from corporate funds	Dallas, TX 75266-0525							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Check if travel outside of T Check if Austin, TX, officer Credit card payment	exas. Complete Schedule T. Iolder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so	ught	Office held					
Date	Payee name							
06/26/2024	Prosperity Bank							
Amount (\$) \$2,000.00	Payee address; City; State; Zip C PO Box 660525	code						
Expenditure from corporate funds	Dallas, TX 75266-0525							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Check if travel outside of T Check if Austin, TX, officel Credit card payment	exas. Complete Schedule T. Iolder living expense					
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held					
Date 06/27/2024	Payee name Prosperity Bank							
Amount (\$) \$10,000.00	Payee address; City; State; Zip C PO Box 660525	Code						
Expenditure from corporate funds	Dallas, TX 75266-0525							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Check if travel outside of T Check if Austin, TX, officel Credit card payment	exas. Complete Schedule T. Iolder living expense					
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held					

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F							
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)					
Sch: 33/35 Rpt:	Annie's List	00053715					
4 Date 06/27/2024	5 Payee name Prosperity Bank						
6 Amount (\$) \$6,951.94	7 Payee address; City; State; Zip Code PO Box 660525						
Expenditure from corporate funds	Dallas, TX 75266-0525						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held					
Date	Payee name						
03/15/2024	Ramon, Ana						
Amount (\$) \$314.76	Payee address; City; State; Zip Code PO Box 303277						
Expenditure from corporate funds	Austin, TX 78703-0055						
PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense I IISEMENT					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held					
Date	Payee name						
04/10/2024	Rosie Cueller Campaign						
Amount (\$) \$1,500.00							
Expenditure from corporate funds	Uvalde, TX 78801						
PURPOSE OF EXPENDITURE	OF Contributions/Donations Made By						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	L L L L L L L L L L L L L L L L L L L	Office held					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 34/35 Rpt:	Annie's List 00053715						
4 Date	5 Payee name						
03/20/2024	Steady Hand PR						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$3,000.00	1205 Upland Dr						
Expenditure from corporate funds	Austin, TX 78741-1167						
8 PURPOSE							
OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Communications consulting 						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
04/30/2024	Steady Hand PR						
Amount (\$)	Payee address; City; State; Zip Code						
\$3,000.00	1205 Upland Dr						
Expenditure from corporate funds	Austin, TX 78741-1167						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Communications consulting 						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
03/13/2024	Susan Harry Consulting						
Amount (\$)	Payee address; City; State; Zip Code						
\$750.00	PO Box 301074						
Expenditure from corporate funds	Austin, TX 78703-0018						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Compliance consulting 						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 35/35 Rpt:	Annie's List 00053715
4 Date	5 Payee name
04/23/2024	Susan Harry Consulting
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$750.00	PO Box 301074
Expenditure from corporate funds	Austin, TX 78703-0018
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Compliance consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
05/13/2024	Susan Harry Consulting
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	PO Box 301074
\$730.00	
Expenditure from corporate funds	Austin, TX 78703-0018
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Compliance consulting
	Compliance consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/31/2024	United Airlines
Amount (\$)	Payee address; City; State; Zip Code
\$521.85	233 S Wacker Dr
ψυζΤ.00	
Expenditure from corporate funds	Chicago, IL 60606-7147
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	airfare to State Democratic Convention
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/C	H

EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	erage Expense Is/Memorials Expense vices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Trar Trav Trav	icitation/Fundraisin nsportation Equipn vel in District vel Out of District HER (enter a categ	nent & Related E		
		· · · · · · · · · · · · · · · · · · ·	ruction Guide explains n	ow to complete this form.	r				
1	Total pages Schedule F4:				:	3 Filer ID (Et	hics Commiss	ion Filers)	
	Sch: 1/34 Rpt:	Annie's List				00053715			
4	CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNITE EXPENDITURES		\$	2,769.9	5	
	ISSUEIX	Prospe	rity Bank	CHARGED TO A C CARD		Ŷ	_,	-	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	rd Issuer	Paid			
	Expenditure from corporate funds	\$64.94	03/01/2024	04/03/2024					
7	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code	
				345 Park Ave					
		Adobe Systems Inc	5.						
				San Jose, CA 951	10-2704				
8	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	•	software					
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if A	Austin, TX, o	officeholder living e	xpense		
9	Complete ONLY if direct	Candidate/Officeholder	r name O	ffice sought		Office held			
e	penditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	rd Issuer	Paid			
	Expenditure from corporate funds	\$64.94	04/01/2024	04/25/2024					
	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code	
		Adobe Systems Inc.		345 Park Ave					
				San Jose, CA 951	10-2704				
	PURPOSE OF	(a) Category		(b) Description					
		(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		software					
	X Political		•						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if A	Austin, TX, o	officeholder living e	xpense		
	Complete ONLY if direct	Candidate/Officeholder	r name O	ffice sought		Office held			
e	kpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	rd Issuer	Paid			
	Expenditure from corporate funds	\$64.94	04/30/2024	05/26/2024					
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		Adoba Systems In		345 Park Ave					
		Adobe Systems Inc.							
				San Jose, CA 95110-2704					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
		Office Overhead/Ren	,	Communications s	upscript	IUN			
	X Political								
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Austin, TX, o	officeholder living e	xpense			
	Complete ONLY if direct	Candidate/Officeholder	r name O	ffice sought		Office held			
e	penditure to benefit C/OH								

EXPENDITURES MADE BY CREDIT CARD

		EXP	ENDITURE CATEGOR	IES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipme Travel in District Travel Out of District						
		The Inst	ruction Guide explains h	ow to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)				
	Sch: 2/34 Rpt:	Annie's List			00053715						
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ EXPENDITURES		2,769.9)E				
	ISSUER	see p	see previous		DIT \$	2,709.8	5				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid						
	Expenditure from corporate funds	\$64.94	05/01/2024	05/26/2024							
7	PAYEE	(a) Payee name	_	(b) Payee address;	City,	State,	Zip Code				
		Adobe Systems Inc		345 Park Ave	345 Park Ave						
		Adobe Systems int									
_	8 PURPOSE OF (a) Category			San Jose, CA 95110-2	2704						
8	EXPENDITURE (A) Category (A) Category (A) Category		(b) Description software								
	X Political	Office Overhead/Ren	tal Expense	Soliware							
	Non-Political		(7	- D a 177.7							
0	Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	ffice sought	n, TX, officeholder living ex Office held	pense					
	xpenditure to benefit C/OH		- Thanke - O	nice sought							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid						
	Expenditure from corporate funds	\$64.94	06/01/2024	06/07/2024							
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
		Adaba Systema In		345 Park Ave							
		Adobe Systems Inc	<i>.</i>								
				San Jose, CA 95110-2704							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description software							
	X Political	Office Overhead/Ren	tal Expense	Soliware							
	Non-Political		of Texas. Complete Schedule		ı, TX, officeholder living ex	20200					
	Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholde		ffice sought	Office held	pense					
e	xpenditure to benefit C/OH			0							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid						
	Expenditure from corporate funds	\$987.37	05/23/2024	05/26/2024							
	corporate funds										
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
		Airbnb		888 Brannan St							
		(a) Catagory		San Francisco, CA 94	103-4928						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Lodging							
	X Political	Travel In District		Looging							
	Non-Political		of Texas. Complete Schedule		ı, TX, officeholder living ex	20050					
	Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder		ffice sought	Office held	pense					
e	xpenditure to benefit C/OH			v							

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve /- Gift/Award I Committee Legal Serv	erage Expense Is/Memorials Expense	Loan Repayment/Reinbursement S Office Overhead/Rental Expense T Polling Expense T Printing Expense T Salaries/Wages/Contract Labor O	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 3/34 Rpt:	Annie's List			00053715					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 2,769.95					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	Expenditure from corporate funds	\$143.80	03/29/2024	04/03/2024						
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
		Asana		1550 Bryant St						
Asana			Ste 200							
					San Francisco, CA 94103-4853					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
		Office Overhead/Ren	,	software						
	X Political									
	Non-Political		of Texas. Complete Schedule T		, officeholder living expense					
9	Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name Off	fice sought	Office held					
e.	xpenditure to benefit C/OH PAYMENT	(a) Amount Chargod	(b) Date of Charge	(a) Data(a) Cradit Card Issue	r Doid					
	Expenditure from	(a) Amount Charged		(c) Date(s) Credit Card Issue 05/26/2024						
	corporate funds	\$143.80	04/29/2024							
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
		Asana		1550 Bryant St						
				Ste 200 San Francisco, CA 94103-4853						
	PURPOSE OF	(a) Category		(b) Description	3-4853					
	EXPENDITURE	(See Categories listed at the top		software						
	X Political	Office Overhead/Ren	tal Expense							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	Chock if Austin TX, officialidar living expense						
	Complete <u>ONLY</u> if direct	Candidate/Officeholder		fice sought						
e	xpenditure to benefit C/OH			C C C C C C C C C C C C C C C C C C C						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	Expenditure from corporate funds	\$143.80	05/29/2024	05/30/2024						
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
		A		1550 Bryant St						
		Asana		Ste 200						
				San Francisco, CA 94103	3-4853					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description software						
	_	Office Overhead/Ren		Sulware						
	X Political									
	Non-Political		of Texas. Complete Schedule T		officeholder living expense					
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Of	fice sought	Office held					
<u> </u>	mo provided by Tays - 5	thiss Commission	hanny othing -t-							
-01	rms provided by Texas E	UNCS COMMISSION	www.ethics.sta	ale.lx.us	Version V4.1.0.48da51f7					

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SCHEDULE	=4
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		EXPE	ENDITURE CATEGOR	IES FOR BOX 1	0(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve Gift/Awards	ense rage Expense s/Memorials Expense	Loan Repayment/Rei Office Overhead/Ren Polling Expense Printing Expense Salaries/Wages/Cont	mbursement S tal Expense T T T	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District ITHER (enter a category not listed above)					
		The Instr	ruction Guide explains h	ow to complete th	nis form.						
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	ion Filers)			
	Sch: 4/34 Rpt:	Annie's List				00053715					
4	CREDIT CARD ISSUER		Name of financial institution 5 TOTAL OF UNITEMIZED see previous EXPENDITURES \$ CHARGED TO A CREDIT CARD			\$	2,769.9	95			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid					
	Expenditure from corporate funds	\$143.80	06/29/2024								
7	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code			
		Asana		1550 Brya Ste 200 San Franc	int St Sisco, CA 94103	3-4853					
8	PURPOSE OF (a) Category			(b) Descript	ion						
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		software							
	X Political	Onice Overneau/Rent	lai Expense								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т. Г	Check if Austin, TX	, officeholder living exp	oense				
9	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	-	Office held					
e	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid					
	Expenditure from corporate funds	\$3,356.00	05/10/2024	05/26/202	4						
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
		AT&T Hotel and Co		1900 Univ	ersity Ave						
		AT&T HOLEF AND CO	merence								
				Austin, TX	Austin, TX 78705-5611						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript							
		Event Expense		event venue expenses							
	X Political										
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т. [Check if Austin, TX	, officeholder living exp	oense				
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held					
ex	xpenditure to benefit C/OH										
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) 06/07/202	Credit Card Issue	er Paid					
	Expenditure from corporate funds	\$12,521.14	06/01/2024	00/07/202	.4						
	PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code			
		AT&T Hotel and Co	onference	1900 Univ	ersity Ave						
		(a) Catagony		(b) Descript	78705-5611						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	• • •	ue expenses						
	X Political	Event Expense									
	Non-Political	(C) Check if travel outside of Texas. Complete Schedule T.									
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held					
e	xpenditure to benefit C/OH										

Forms provided by Texas Ethics Commission

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve - Gift/Award I Committee Legal Serv	erage Expense Is/Memorials Expense vices	Loan Repayment/Re Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Con	Loan Repayment/Reimbursement So Office Overhead/Rental Expense Tra Polling Expense Tra Printing Expense Tra		olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 5/34 Rpt:	Annie's List				00053715		
4	CREDIT CARD ISSUER		Name of financial institution5TOTAL OF UNITEMIZEDsee previousEXPENDITURES\$CHARGED TO A CREDITCARD		\$	2,769.9	95	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
	Expenditure from corporate funds	\$149.25	02/26/2024	04/03/20	24			
7	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Boardable		6219 Gui	lford Ave			
				olis, IN 46220-3	090			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Ren	,	(b) Descrip software	otion			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin, T>	K, officeholder living ex	pense	
9	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
	Expenditure from corporate funds	\$149.25	03/25/2024	04/03/20	24			
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Boardable		6219 Gui				
					olis, IN 46220-3	090		
		(a) Category (See Categories listed at the top Office Overhead/Ren	,	(b) Description software				
	X Political							
	Non-Political		of Texas. Complete Schedule		Check if Austin, T	K, officeholder living ex	pense	
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought		Office held		
_	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	er Paid		
	Expenditure from corporate funds	\$149.25	04/24/2024	05/26/20	24			
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Boardable			6219 Guilford Ave			
				-	olis, IN 46220-3	090		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion			
	X Political	Office Overhead/Ren		software				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin, T>	K, officeholder living ex	pense	
				Office sought		Office held		

		EXPE	NDITURE CATEGOR	RIES FOR BOX 10(a	l)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By		ense rage Expense s/Memorials Expense	Loan Repayment/Reimbu Office Overhead/Rental E Polling Expense Printing Expense	Expense Tra Tra	icitation/Fundraising nsportation Equipmovel in District vel Out of District		Expense
	Candidate/Officeholder/Politica	l Committee Legal Servi	ices	Salaries/Wages/Contract	Labor OT	HER (enter a catego	ory not listed a	bove)
_	T (1))))))))))		ruction Guide explains I	now to complete this i	form.			
1	Total pages Schedule F4:					3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 6/34 Rpt:	Annie's List				00053715		
4	CREDIT CARD		ncial institution	5 TOTAL OF EXPENDIT	UNITEMIZED JRES	\$	2,769.9	95
		see pr	evious	CHARGED CARD	CHARGED TO A CREDIT		·	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		dit Card Issuer	Paid		
	Expenditure from corporate funds	\$149.25	06/01/2024	06/07/2024				
7	PAYEE	(a) Payee name		(b) Payee addr	ress;	City,	State,	Zip Code
				6219 Guilford	d Ave			
		Boardable						
			Indianapolis,	IN 46220-309	90			
8	PURPOSE OF	(a) Category		(b) Description				
		(See Categories listed at the top Office Overhead/Rent		software				
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	ет. 🔲 С	Check if Austin, TX, o	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
e	xpenditure to benefit C/OH							
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre 06/26/2024	dit Card Issuer	Paid		
	Expenditure from corporate funds	\$149.25	06/25/2024	00/20/2024				
	PAYEE	(a) Payee name		(b) Payee addr	ress;	City,	State,	Zip Code
		Deerdeble		6219 Guilford Ave				
		Boardable						
				Indianapolis, IN 46220-3090				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
		Office Overhead/Rent	,	software				
	X Political							
	Non-Political		of Texas. Complete Schedule		Check if Austin, TX, o	-	pense	
~	Complete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought		Office held		
e.		(a) Amount Charged	(b) Date of Charge	(c) Date(c) Cre	dit Card Issuer	Paid		
	Expenditure from	.,	., .	06/26/2024		Faiu		
	corporate funds	\$583.94	06/08/2024					
	PAYEE	(a) Payee name		(b) Payee addr	·ess.	City,	State,	Zip Code
		(a) r ayee hame		6 Sylvan Wa		ony,	Otato,	Lip Couc
		Budget Rent A Car)			
				Parsippany,	NJ 07054-382	26		
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	rental car				
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	ет. По	Check if Austin, TX, o	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
e	penditure to benefit C/OH							

Forms provided by Texas Ethics Commission

		EXPI	ENDITURE CATEGOR	IES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By	Event Expe Fees Food/Beve Gift/Award	ense erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Transportation Equipm Travel in District Travel Out of District	ravel Out of District				
	Candidate/Officeholder/Politica	5		Salaries/Wages/Contract Labor	OTHER (enter a categ	ory not listed at	ove)			
1	Total pages Schedule E4:	· · · · · · · · · · · · · · · · · · ·			3 Filer ID (Eth	aios Commiss	ion Filore)			
T	Total pages Schedule F4: Sch: 7/34 Rpt:	Annie's List			00053715		ion Fileis)			
4	·		ncial institution							
4	CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZE EXPENDITURES	∫	2,769.9	5			
		see pi	revious	CHARGED TO A CREI CARD	DIT					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid					
	Expenditure from corporate funds	\$97.54	03/01/2024	04/03/2024						
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code			
		014.0		9 Lea Ave	Ave					
		CM Commerce								
				Nashville, TN 37210-4	820					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	—	Solicitation/Fundraisir	,	Digital fundraising expe	Digital fundraising expense					
	X Political									
	Non-Political		of Texas. Complete Schedule		, TX, officeholder living ex	kpense				
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held					
e	xpenditure to benefit C/OH									
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 04/03/2024	suer Paid					
	Expenditure from corporate funds	\$296.61	03/01/2024	04/03/2024						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		CM Commerce		9 Lea Ave						
				Nashville, TN 37210-4820						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Digital fundraising expe	0050					
	X Political	Solicitation/Fundraisir	ng Expense		crise					
	Non-Political									
		(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin, ffice sought	, TX, officeholder living ex Office held	kpense				
P	Complete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate/Onicendider	name O	nice sought	Office field					
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid					
	Expenditure from	\$581.40	03/20/2024	04/03/2024						
	corporate funds	Φ 301.4 0	03/20/2024							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
				1411 W 5th St	<i>.</i>					
		CubeSmart								
				Austin, TX 78703-5103	3					
	PURPOSE OF	(a) Category		(b) Description						
		(See Categories listed at the top Office Overhead/Rent		storage						
	X Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	, TX, officeholder living ex	kpense				
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held					
e	xpenditure to benefit C/OH									

		EXPI	ENDITURE CATEGOR	RIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	erage Expense Is/Memorials Expense vices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Trar Trav Trav	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)					
		i	ruction Guide explains f	now to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			:	3 Filer ID (Eth	nics Commiss	ion Filers)			
	Sch: 8/34 Rpt:	Annie's List				00053715					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD		\$	2,769.9	5			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer	Paid					
	Expenditure from corporate funds	\$61.88	04/10/2024	04/25/2024							
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
		CubeSmart		1411 W 5th St	10						
•		(a) Catagony		Austin, TX 78703-510	3						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description storage							
	X Political	Office Overhead/Ren	tal Expense	Slorage							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, o	fficeholder living e	kpense				
9	Complete ONLY if direct	Candidate/Officeholder	r name C	office sought		Office held					
e	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer	Paid					
	Expenditure from corporate funds	\$61.88	04/12/2024	04/25/2024							
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
		CubeCreart		1411 W 5th St							
		CubeSmart		Austin, TX 78703-510	Austin, TX 78703-5103						
	PURPOSE OF	(a) Category		(b) Description							
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	,	storage							
	X Political										
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, o	fficeholder living ex	kpense				
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held					
e	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer	Paid					
	Expenditure from corporate funds	\$192.80	04/12/2024	04/25/2024							
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
				1411 W 5th St			,				
		CubeSmart									
				Austin, TX 78703-510)3						
	PURPOSE OF	(a) Category		(b) Description							
	EXPENDITURE	(See Categories listed at the top	· · ·	storage							
	X Political	Office Overhead/Ren	iai ⊨xpense								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX. o	fficeholder living ex	pense				
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	Office sought	, 0	Office held					
e	xpenditure to benefit C/OH			-							
-		l									

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award I Committee Legal Serv	erage Expense is/Memorials Expense rices	Loan Repayment/Reimburse Office Overhead/Rental Expe Polling Expense Printing Expense Salaries/Wages/Contract Lab	ense Tra Tra Tra Dor OT	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)				
			ruction Guide explains I	how to complete this form	n.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	ion Filers)		
	Sch: 9/34 Rpt:	Annie's List				00053715				
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UN		\$	2,769.9)E		
	ISSUER	see p	revious		EXPENDITURES CHARGED TO A CREDIT CARD			5		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid				
	Expenditure from corporate funds	\$163.80	05/12/2024	05/26/2024						
7	PAYEE	(a) Payee name	•	(b) Payee addres	S;	City,	State,	Zip Code		
				1411 W 5th St						
		CubeSmart								
				Austin, TX 7870	03-5103					
8	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	storage						
	X Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Che	ck if Austin, TX,	officeholder living	expense			
9	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held				
е	xpenditure to benefit C/OH									
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid				
	Expenditure from corporate funds	\$163.80	06/12/2024	06/26/2024						
	PAYEE	(a) Payee name		(b) Payee addres	S;	City,	State,	Zip Code		
		CubeSmart		1411 W 5th St						
		CubeSmart	esman							
		() -			Austin, TX 78703-5103					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
		Office Overhead/Ren	,	storage						
	X Political									
	Non-Political		of Texas. Complete Schedule		ck if Austin, TX,	officeholder living	expense			
_	Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought		Office held				
e	xpenditure to benefit C/OH	(a) Amount Charged	(h) Data of Charge	(a) Data(a) Quadit	Candlaguer	Daid				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit 04/03/2024	Caru Issuer	Palu				
	corporate funds	\$69.29	03/07/2024							
	PAYEE	(a) Payee name		(b) Payee addres	s:	City,	State,	Zip Code		
				221 Main St	- 1	y ,	,			
		DocuSign		Ste 1000						
				San Francisco,	CA 94105-	-1925				
	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top		software						
	X Political	Office Overhead/Ren	iai Expense							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Che	ck if Austin, TX,	officeholder living	expense			
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held				
е	xpenditure to benefit C/OH									

	EXPENDITURE	ES MADE BY C	CREDIT CARE)	:	SCHEDULE F4		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expr Fees Food/Beve / - Gift/Award al Committee Legal Serv	erage Expense P s/Memorials Expense P rices S	oan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Balaries/Wages/Contract Labor	Travel in District Travel Out of Distric	pment & Related Expense		
		i	The Instruction Guide explains how to complete this form.					
1	1 Total pages Schedule F4: 2 FILER NAME				3 Filer ID (E	Ethics Commission Filers		
	Sch: 10/34 Rpt:	Annie's List			00053715			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	2,769.95			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
	Expenditure from corporate funds	\$69.29	04/07/2024	04/25/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Co		
				221 Main St				
		DocuSign		Ste 1000				
				San Francisco, CA 94	105-1925			
8	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	· · · ·	See Categories listed at the top of this schedule)		software			
	X Political	Office Overhead/Rent	lai Experise					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense		
9	Complete ONLY if direct	Candidate/Officeholder		ce sought	Office held			
	expenditure to benefit C/OH							
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
	Expenditure from corporate funds	\$69.29	05/07/2024	05/26/2024				
┢	PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Co		
		(u) r uyee name		221 Main St	Oity,			
		DocuSign						
				Ste 1000 San Francisco, CA 94	105 1025			
\vdash		(a) Category		(b) Description	102-1952			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	software				
		Office Overhead/Ren	,	Sulware				

Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Sch: 10/34 Rpt:	Annie's List				00053715			
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	= UNITEMIZED TURES D TO A CREDIT	\$ 2,769.95		15	
6	PAYMENT Expenditure from corporate funds	(a) Amount Charged \$69.29	(b) Date of Charge 04/07/2024	(c) Date(s) C 04/25/2024	redit Card Issuer	Paid			
7	PAYEE	(a) Payee name DocuSign	DocuSign S		(b) Payee address;City,State,Zip Code221 Main StSte 1000San Francisco, CA 94105-1925				
8	PURPOSE OF EXPENDITURE		See Categories listed at the top of this schedule) Office Overhead/Rental Expense						
	Non-Political				Check if Austin, TX,	officeholder living expe	ense		
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT Expenditure from corporate funds	(a) Amount Charged \$69.29	(b) Date of Charge 05/07/2024	(c) Date(s) C 05/26/2024	redit Card Issuer	Paid			
	PAYEE	(a) Payee name DocuSign		(b) Payee ad 221 Main S Ste 1000 San Francis		City, -1925	State,	Zip Code	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descriptic software	on				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT Expenditure from corporate funds	(a) Amount Charged \$69.29	(b) Date of Charge 06/09/2024	(c) Date(s) C 06/26/2024	redit Card Issuer	Paid			
	PAYEE	(a) Payee name DocuSign		(b) Payee ad 221 Main S Ste 1000 San Francis		City, -1925	State,	Zip Code	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Descriptic software	on 				
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			

EXPENDITURES MADE BY CREDIT CARD	

	EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	rage Expense s/Memorials Expense ices	Loan Repayment/Reimb Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract	Expense Tra Tra Tra t Labor OT	blicitation/Fundraising ansportation Equipme avel in District avel Out of District THER (enter a categor	nt & Related I			
	T		ruction Guide explains h	low to complete this	torm.		0			
	Total pages Schedule F4:					3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 11/34 Rpt:	Annie's List				00053715				
	CREDIT CARD ISSUER		ncial institution revious	EXPENDIT	UNITEMIZED URES TO A CREDIT	\$	2,769.9	95		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issue	r Paid				
	Expenditure from corporate funds	\$311.91	03/21/2024	04/03/2024						
7	PAYEE	(a) Payee name		(b) Payee add	lress;	City,	State,	Zip Code		
		Eaton DC		1201 K St N	W					
				Washington	, DC 20005-40	011				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Lodging	n					
	Non-Political	(C) X Check if travel outside	of Texas. Complete Schedule	т. П	Check if Austin, TX,	officeholder living exp	oense			
	Complete <u>ONLY</u> if direct (penditure to benefit C/OH	name O	ffice sought		Office held					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issue	r Paid				
	Expenditure from corporate funds	\$266.00	05/29/2024	05/30/2024						
	PAYEE	(a) Payee name		(b) Payee add	lress;	City,	State,	Zip Code		
		El Paso Chihuahua	s Baseball	1 Ballpark P						
		(a) Catagony		El Paso, TX						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description staff event	1					
	X Political	Event Expense		stall event						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		Check if Austin, TX,	officeholder living exp	oense			
	Complete <u>ONLY</u> if direct (penditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought		Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge		edit Card Issue	r Paid				
	Expenditure from corporate funds	\$74.66	04/11/2024	04/25/2024						
	PAYEE	(a) Payee name	1	(b) Payee add	lress;	City,	State,	Zip Code		
		From You Flowers		143 Mill Roc	k Rd E					
					ok, CT 06475-	4217				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description	า					
		Gift/Awards/Memorial		flowers						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т. 🔲	Check if Austin, TX,	officeholder living exp	bense			
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held				
e>	penditure to benefit C/OH									

			ENDITURE CATEGOR					
	Advertising Expense Accounting/Banking	Event Exp Fees		Loan Repayment/Reimbursement Office Overhead/Rental Expense	Tra	licitation/Fundraisin ansportation Equipn		Expense
	Consulting Expense Contributions/ Donations Made By	- Gift/Award	erage Expense s/Memorials Expense	Polling Expense Printing Expense	Tra	avel in District avel Out of District		
	Candidate/Officeholder/Politica	0		Salaries/Wages/Contract Labor	01	HER (enter a cateo	jory not listed at	ove)
1	Total pages Schedule F4:					3 Filer ID (Et	hics Commiss	ion Filers)
1	Sch: 12/34 Rpt:	Annie's List				00053715		sion niers)
4	•		ncial institution	5 TOTAL OF UNITER		00033713		
4	CREDIT CARD ISSUER			EXPENDITURES	VIIZED	\$	2,769.9	95
		see p	revious	CHARGED TO A C CARD	REDIT			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer	Paid		
	Expenditure from	\$74.66	04/11/2024	04/25/2024				
	corporate funds							
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
				143 Mill Rock Rd E				
		From You Flowers						
				Old Saybrook, CT 0)6475-4	4217		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
		Gift/Awards/Memorial	,	flowers				
	X Political		-					
	Non-Political		of Texas. Complete Schedule		ustin, TX, o	officeholder living e	xpense	
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held		
e	expenditure to benefit C/OH (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Is					Daid		
	Expenditure from			05/26/2024	u issuer	Palu		
	corporate funds	\$66.82	05/21/2024					
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		(a) Fayee name		143 Mill Rock Rd E		City,	State,	
		From You Flowers						
				Old Saybrook, CT 0)6475-4	4217		
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		flowers				
	X Political	OntrAwards/memoria						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if A	ustin, TX, d	officeholder living e	xpense	
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer	Paid		
	Expenditure from corporate funds	\$66.82	05/21/2024	05/26/2024				
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		From You Flowers		143 Mill Rock Rd E				
				Old Coulors - L. OT 2		4017		
	PURPOSE OF	(a) Category		Old Saybrook, CT ((b) Description	10415-2	+211		
	EXPENDITURE	(See Categories listed at the top	of this schedule)	flowers				
	X Political	Gift/Awards/Memoria	ls Expense					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		ustin TV /	officeholder living e	vnense	
	Complete <u>ONLY</u> if direct	Candidate/Officeholder		Diffice sought	usun, 1A, (Office held	лрепое	
e	xpenditure to benefit C/OH		·					

		EXP	ENDITURE CATEGOR	RIES FOR BOX 1	L0(a)			
	Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/Re Office Overhead/Re	eimbursement	Solicitation/Fundraisir Transportation Equipr		Evnense
	Consulting Expense	Food/Beve	erage Expense	Polling Expense	nai Expense	Travel in District	neni a Reialeu i	Lybense
	Contributions/ Donations Made By Candidate/Officeholder/Politica		ls/Memorials Expense <i>v</i> ices	Printing Expense Salaries/Wages/Con	tract Labor	Travel Out of District OTHER (enter a cate	gory not listed at	oove)
		The Inst	truction Guide explains l	how to complete t	his form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)
	Sch: 13/34 Rpt:	Annie's List				00053715		
4		Name of fina	ncial institution	5 TOTAL		=D		
-	ISSUER	500 n	revious	EXPEN	DITURES	\$	2,769.9	95
		366 p	TEVIOUS	CHARG CARD	ED TO A CREI	DIT		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	-	Credit Card Iss	Ler Paid		
Ŭ	Expenditure from	.,		05/26/202				
	corporate funds	\$66.82	05/21/2024					
_								
7	PAYEE	(a) Payee name		(b) Payee a	-	City,	State,	Zip Code
		From You Flowers		143 Mill F	Rock Rd E			
				-	rook, CT 064	75-4217		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	tion			
		Gift/Awards/Memoria	,	flowers				
	X Political		-					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		Check if Austin,	TX, officeholder living e	expense	
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Iss	suer Paid		
	Expenditure from corporate funds	\$66.82	05/21/2024	05/26/202	24			
	oorporate failas							
	PAYEE	(a) Payee name (b) Payee a		address;	City,	State,	Zip Code	
				143 Mill F	Rock Rd E			
		From You Flowers						
				-	rook, CT 064	75-4217		
	PURPOSE OF	(a) Category		(b) Descrip	tion			
	EXPENDITURE	(See Categories listed at the top Gift/Awards/Memoria		flowers				
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	ет.	Check if Austin,	TX, officeholder living e	expense	
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Iss	suer Paid		
	Expenditure from	\$66.82	05/24/2024	05/26/202	24			
	corporate funds							
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
				143 Mill F	Rock Rd E			
		From You Flowers						
				Old Sayb	rook, CT 0647	75-4217		
	PURPOSE OF	(a) Category		(b) Descrip	tion			
	EXPENDITURE	(See Categories listed at the top		flowers				
	X Political	Gift/Awards/Memoria	is Expense					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	ет. Г	Check if Austin.	TX, officeholder living e	expense	
	Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held		
e	xpenditure to benefit C/OH			-				

			EXPE	ENDITURE CATEGOR	IES FOR BOX	10(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica			erage Expense s/Memorials Expense	Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co	ental Expense Tr Tr Tr	blicitation/Fundraising ansportation Equipme ravel in District ravel Out of District THER (enter a catego	nt & Related I	
			The Inst	ruction Guide explains h	now to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 14/34 Rpt:	Annie's List					00053715		
4	CREDIT CARD ISSUER	Nam		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	2,769.9	95
6	PAYMENT	(a) Amount Cha	rged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	Expenditure from corporate funds	\$66.82		05/24/2024	05/30/20)24			
7	PAYEE	(a) Payee name		•	(b) Payee	address;	City,	State,	Zip Code
		From You F	lowers			Rock Rd E			
						prook, CT 06475-	4217		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste	d at the ton	of this schedule)	(b) Descri	ption			
	X Political	Gift/Awards/M		,	flowers				
	Non-Political	(C) Check if tra	vel outside	of Texas. Complete Schedule		Check if Austin, TX,	officeholder living exp	oense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Offi	ceholder	name O	ffice sought		Office held		
C	PAYMENT (a) Amount Charged			(b) Date of Charge	(c) Date(s) Credit Card Issue	r Daid		
	Expenditure from corporate funds	(a) Amount Cha \$72.38	igeu	03/01/2024	04/03/20		i raiu		
	PAYEE	(a) Payee name Google	1		(b) Payee 1600 Am	address; nphitheatre Pkwy	City,	State,	Zip Code
						1 View, CA 94043	3-1351		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste Office Overhe		,	(b) Descri Email	ption			
	Non-Political	(C) Check if tra	vel outside	of Texas. Complete Schedule	т.	Check if Austin. TX.	officeholder living exp	oense	
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Offi	ceholder	name O	ffice sought		Office held		
	PAYMENT	(a) Amount Cha	raed	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	Expenditure from corporate funds	\$214.91		03/01/2024	04/03/20	•			
	PAYEE	(a) Payee name		1	(b) Payee	address;	City,	State,	Zip Code
		Google				phitheatre Pkwy			
						n View, CA 94043	3-1351		
		(a) Category (See Categories liste Office Overhe		,	(b) Descri Email	ption			
	X Political	—							
	Non-Political Complete ONLY if direct	(C) Check if tra Candidate/Offi		of Texas. Complete Schedule	т. ffice sought	Check if Austin, TX,	officeholder living exp Office held	oense	
е	xpenditure to benefit C/OH								

		EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a catego	ent & Related I	
		The Inst	ruction Guide explains h	low to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 15/34 Rpt:	Annie's List			00053715		
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE	ED	0 700 0	
	ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREI CARD		2,769.9	15
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
	Expenditure from corporate funds	\$63.96	03/04/2024	04/03/2024			
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
		Caarla		1600 Amphitheatre Pk	wy		
		Google					
				Mountain View, CA 94	043-1351		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
		Office Overhead/Rent	,	Email			
	X Political						
	Non-Political		of Texas. Complete Schedule		, TX, officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	r name O	ffice sought	Office held		
e.	xpenditure to benefit C/OH	(a) Amount Charged	(a) Data(a) Cradit Card las	aver Daid			
	PAYMENT	(c) Date(s) Credit Card Iss 04/25/2024	suer Palo				
	corporate funds	\$72.38	04/04/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		(u) r uyee name		1600 Amphitheatre Pk		State,	
		Google			,		
				Mountain View, CA 940	043-1351		
	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Email			
	X Political	Office Overhead/rech					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	, TX, officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	r name O	ffice sought	Office held		
e	xpenditure to benefit C/OH						
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 04/25/2024	suer Paid		
	Expenditure from corporate funds	\$221.82	04/04/2024	04/23/2024			
					0.1		7.0.1
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Google		1600 Amphitheatre Pk	wy		
				Mountain View, CA 94	043-1351		
	PURPOSE OF	(a) Category		(b) Description	0.0 1001		
	EXPENDITURE	(See Categories listed at the top	,	Email			
	X Political	Office Overhead/Rent	tai Expense				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin.	, TX, officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held		
e	xpenditure to benefit C/OH						
-		<u>i</u>					

Forms provided by Texas Ethics Commission

	Advantician Example		ENDITURE CATEGOR	• •		:-::	F	
	Advertising Expense Accounting/Banking Consulting Expense	Event Exp Fees	erage Expense	Loan Repayment/Reimburseme Office Overhead/Rental Expense Polling Expense	e Tra	licitation/Fundraising Insportation Equipme Ivel in District		Expense
	Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	ls/Memorials Expense	Printing Expense Salaries/Wages/Contract Labor	Tra	ivel Out of District HER (enter a catego	ny not listod at	201/0)
		Ū.		now to complete this form.	01	TEN (enter a catego	iy not iisted at	5000)
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 16/34 Rpt:	Annie's List				00053715		
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNIT				
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A		\$	2,769.9	95
				CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid		
	Expenditure from corporate funds	\$71.04	05/01/2024	05/26/2024				
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Google		1600 Amphitheat	re Pkwy			
		-		Mountain View, C	A 01013	-1351		
8	PURPOSE OF	(a) Category		(b) Description	JA 34043	-1331		
	EXPENDITURE	(See Categories listed at the top	,	Email				
	X Political	Office Overhead/Ren	ital Expense					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check i	if Austin, TX, d	officeholder living ex	oense	
9	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held		
e	xpenditure to benefit C/OH							
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C 05/26/2024	ard Issuer	Paid		
	Expenditure from corporate funds	\$230.26	05/01/2024	03/20/2024				
	PAYEE			(b) Davias addressi		City	Ctoto	Zip Codo
		(a) Payee name		(b) Payee address; 1600 Amphitheat	ro Pkww	City,	State,	Zip Code
		Google			ie i kwy			
				Mountain View, C	CA 94043	-1351		
	PURPOSE OF	(a) Category		(b) Description				
		(See Categories listed at the top Office Overhead/Ren	,	Email				
	X Political		•					
	Non-Political		of Texas. Complete Schedule		if Austin, TX, o	officeholder living ex	oense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholde	r name C	office sought		Office held		
e.		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid		
	Expenditure from			06/07/2024				
	corporate funds	\$72.05	06/01/2024					
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
				1600 Amphitheat	re Pkwy			
		Google						
				Mountain View, C	CA 94043	-1351		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Description				
		Office Overhead/Ren		Email				
	X Political					1 11 1/1		
		(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check i Office sought	it Austin, TX, o	officeholder living ex	oense	
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH			mee sought				

	EXPE	ENDITURE CATEGOR	RIES FOR BOX 1	0(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards	rage Expense s/Memorials Expense	Loan Repayment/Rei Office Overhead/Ren Polling Expense Printing Expense Salaries/Wages/Cont	tal Expense T T T	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District DTHER (enter a categ	ent & Related I	·
	The Instr	ruction Guide explains l	how to complete th	iis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)
Sch: 17/34 Rpt:	Annie's List				00053715		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDI ^T	\$	2,769.9	95
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged \$241.13	(b) Date of Charge 06/01/2024	(c) Date(s) (06/07/202	Credit Card Issue 4	er Paid		
7 PAYEE	(a) Payee name Google		(b) Payee a 1600 Amp	ddress; hitheatre Pkwy	City,	State,	Zip Code
			Mountain '	View, CA 9404	3-1351		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Descript Email	ion			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	•т. [Check if Austin, TX	K, officeholder living ex	kpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought		Office held		
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$728.49	(b) Date of Charge 03/28/2024	(c) Date(s) (04/03/202	Credit Card Issue 4	er Paid		
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Henley Park Hotel		926 Massachusetts Ave NW Washington, DC 20001-4308				
			-		1308		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	、 <i>,</i>	(b) Description Conference lodging			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	• т. [Check if Austin, TX	K, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought		Office held		
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$213.20	(b) Date of Charge 03/06/2024	(c) Date(s) (04/03/202	Credit Card Issue 4	er Paid		
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	Intuit		2632 Mari				
				View, CA 9404	3-1126		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript accounting				
X Political	Accounting/Banking			Jonware			
				7			
Non-Political		of Texas. Complete Schedule	L	Check if Austin, TX	(, officeholder living ex	opense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought		Office held		

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve / - Gift/Award al Committee Legal Serv	erage Expense Is/Memorials Expense	Loan Rep Office Ov Polling E Printing E Salaries/	payment/Reimbu verhead/Rental E xpense Expense Wages/Contract	rsement xpense	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a categ	ent & Related	·
	Total pages Sabadula E4:		•		•		3 Filer ID (Eth	ice Commis	cion Eilorc)
Ľ	Total pages Schedule F4:	2 FILER NAME						iics commis	sion Filers)
	Sch: 18/34 Rpt:	Annie's List					00053715		
4	CREDIT CARD ISSUER		ncial institution revious		TOTAL OF U EXPENDITU CHARGED CARD	IRES	\$	2,769.9	95
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(C)	Date(s) Cre	dit Card Issu	er Paid		
	Expenditure from corporate funds	\$213.20	04/06/2024		4/25/2024				
7	PAYEE	(a) Payee name		(b)	Payee addr	ess;	City,	State,	Zip Code
		Intuit		26	32 Marine	Way			
				M	ountain Vie	w, CA 9404	13-1126		
8	PURPOSE OF	(a) Category		(b)	Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	ac	counting se	oftware			
	X Political	Accounting/Banking			0				
	Non-Political		of Texas. Complete Schedul			heck if Austin, T	X, officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	r name (Office sou	ught		Office held		
e	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Date(s) Cre	dit Card Issu	er Paid		
	Expenditure from corporate funds	\$213.20	05/06/2024	0	5/26/2024				
	PAYEE	(a) Payee name	•	(b)	Payee addr	ess;	City,	State,	Zip Code
				26	32 Marine	Way			
		Intuit							
				M	ountain Vie	w, CA 9404	43-1126		
	PURPOSE OF	(a) Category		(b)	Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	ac	counting se	oftware			
	X Political	Accounting/Banking							
	Non-Political		of Texas. Complete Schedul	la T		book if Austin T	V officeholder living o		
		(C) Check if travel outside Candidate/Officeholder	•	Office sou		neck il Auslin, T.	X, officeholder living ex Office held	.pense	
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Oniceriolder	name	Onice Sol	agin		Onice neid		
⊢	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Date(s) Cre	dit Card Issu	er Paid		
	Expenditure from	, , , , , , , , , , , , , , , , , , ,			6/26/2024				
	corporate funds	\$213.20	06/10/2024						
⊢	PAYEE	(a) Payee name		(b)	Payee addr	ess;	City,	State,	Zip Code
					32 Marine		3 /		
		Intuit				,			
				м	ountain Vie	w CA 9404	13-1126		
	PURPOSE OF	(a) Category			Description	,			
	EXPENDITURE	(See Categories listed at the top	of this schedule)		counting so	oftware			
	V Political	Accounting/Banking			J				
1	X Political								
∟	Non-Political		of Texas. Complete Schedul			heck if Austin, T	X, officeholder living ex	pense	
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name (Office sou	ught		Office held		
L									
Fo	rms provided by Texas E	thics Commission	www.ethics.	state.tx.	us		Ver	sion V4.1	.0.48da51

		EXPE	ENDITURE CATEGO	RIES FOR BO	OX 10(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	erage Expense s/Memorials Expense rices	Loan Repaymer Office Overhead Polling Expense Printing Expens Salaries/Wages	d/Rental e se s/Contrac	Expense t Labor	Tra Tra Tra	licitation/Fundraisi ansportation Equip avel in District avel Out of District THER (enter a cate	ment & Related I	
		i	ruction Guide explains	how to comple	ete this	form.				
1	Total pages Schedule F4:							3 Filer ID (E	thics Commiss	sion Filers)
	Sch: 19/34 Rpt:	Annie's List						00053715		
4	CREDIT CARD ISSUER		ncial institution revious	EXP	ENDIT RGED	UNITEMIZ URES TO A CRE		\$	2,769.9	95
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date	e(s) Cr	edit Card Is	suer	Paid		
	Expenditure from corporate funds	\$1,678.69	04/10/2024	04/25/	2024					
7	PAYEE	(a) Payee name		(b) Pay	ee add	ress;		City,	State,	Zip Cod
		Lost & Found		2519 N	N Star	iton St				
				El Pas	o, TX	79902-31	14			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Des	•	n expenses	;			
	X Political	Event Expense				•				
	Non-Political		(- - - - - - - - - -					<i></i>		
_		(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	office sought		Check if Austin	, IX,	officeholder living Office held	expense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Onicenoider	name c					Onice field		
		(a) Amount Charged	(b) Date of Charge			edit Card Is	suer	Paid		
	Expenditure from corporate funds	\$825.00	06/15/2024	06/26/	2024					
	PAYEE	(a) Payee name		(b) Pay	ee add	lress;		City,	State,	Zip Cod
				833 Le	eds D	Dr				
		Malbert Media		North	Rollm	ore, NY 11	710	1056		
	PURPOSE OF	(a) Category		(b) Des			.710	-1050		
	EXPENDITURE	(See Categories listed at the top	of this schedule)	()	•		/nn	Sanchez Ca	ampaign	
	X Political	Advertising Expense		Diroot	incan r		,		anpaign	
	Non-Political									
			of Texas. Complete Schedule			Check if Austin	, TX,	officeholder living	expense	
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name c	Office sought				Office held		
		(a) Amount Charged	(b) Date of Charge			edit Card Is	suer	Paid		
	Expenditure from corporate funds	\$2,500.00	05/01/2024	05/26/	2024					
	PAYEE	(a) Payee name		(b) Pay	ee add	ress;		City,	State,	Zip Cod
				720 Pa	atterso	on Ave				
		Malcolm Greenstei	n Law							
				Austin	, TX 7	8703-4724	4			
	PURPOSE OF	(a) Category		(b) Des	criptior	ı				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Legal	fees					
	X Political	Legal Services								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.		Check if Austin	, TX,	officeholder living	expense	
	Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought			,	Office held		
е	xpenditure to benefit C/OH			č						

SCHEDULE F4

Zip Code

Zip Code

Zip Code

	EXPENDITURE CATEGORIES FOR BOX 10(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award al Committee Legal Serv	rage Expense P s/Memorials Expense P	oan Repayment/Re Iffice Overhead/Re olling Expense rinting Expense alaries/Wages/Con w to complete t	ntal Expense T T ntract Labor C	Solicitation/Fundraising iransportation Equipme iravel in District iravel Out of District DTHER (enter a categor	nt & Related				
	Total pages Schedule F4:					3 Filer ID (Ethi	commis				
Ľ	Sch: 20/34 Rpt:	Annie's List				00053715		SIGH FILETS)			
Ŀ											
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	2,769.9	95			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid					
	Expenditure from corporate funds	\$26.65	03/01/2024	04/03/202	24						
7	PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code			
				1445 Nev	v York Ave NW						
		NGP VAN Inc.		Ste 200							
				Washingt	on, DC 20005-2	2158					
8	PURPOSE OF	(a) Category		(b) Descrip	tion						
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	voter file a	access						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	, officeholder living exp	ense				
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	ce sought		Office held					
	expenditure to benefit C/OH		inanio oni	oo oougint							
È		(b) Date of Charge	(c) Data(c)	Credit Card Issue	or Doid						
	Expenditure from	(a) Amount Charged	.,	04/25/202		er Falu					
	corporate funds	\$26.65	04/04/2024								
	PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code			
				1445 Nev	v York Ave NW						
		NGP VAN Inc.		Ste 200							
				Washingt	on, DC 20005-2	2158					
	PURPOSE OF	(a) Category		(b) Descrip	tion						
	EXPENDITURE	(See Categories listed at the top		voter file a	access						
	X Political	Office Overhead/Rent	tal Expense								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	, officeholder living exp	onso				
⊢	Complete ONLY if direct	Candidate/Officeholder	•	ce sought	Check in Austin, 1A	Office held					
	expenditure to benefit C/OH		inanio oni	oo oougint							
È	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	ar Paid					
	Expenditure from			05/26/202							
	corporate funds	\$26.65	05/01/2024								
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code			
				1445 Nev	v York Ave NW						
		NGP VAN Inc.		Ste 200							
					on, DC 20005-2	2158					
\vdash	PURPOSE OF	(a) Category		(b) Descrip							
1	EXPENDITURE (See Categories listed at the top of this schedule)				access						
	X Political	Office Overhead/Rent	tal Expense								
					_						
L	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense				
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offi	ce sought		Office held					
L											
Fo	rms provided by Texas E	thics Commission	www.ethics.sta	te.tx.us		Vers	ion V4.1	.0.48da51			

Event Exp Fees Food/Beve y - Gift/Award al Committee Legal Serv	ense erage Expense Is/Memorials Expense vices	Loan Repayment/Re Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Con	timbursement S ntal Expense T T tract Labor C	ransportation Equipm ravel in District ravel Out of District	ent & Related I	
2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Annie's List				00053715		
EXPENDITURES				\$	2,769.9	95
(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
\$26.65	06/01/2024	06/07/202	24			
(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Cod
NGP VAN Inc.		Ste 200		2158		
(a) Category		(b) Descrip	tion			
		voter file a	access			
(C) Check if travel outside	of Texas. Complete Schedule	т.	Check if Austin, TX	, officeholder living ex	pense	
Candidate/Officeholder	r name C	ffice sought		Office held		
(a) Amount Charged \$750.00	(b) Date of Charge 03/01/2024			er Paid		
(a) Payee name Numero		200 Spec Ste 300	trum Center Dr	City,	State,	Zip Cod
				aurel Jordan S	Swift Cam	paign
(C) Check if travel outside	of Texas. Complete Schedule	т.	Check if Austin, TX	, officeholder living ex	pense	
				Office held		
(a) Amount Charged \$720.00	(b) Date of Charge 05/10/2024			er Paid		
(a) Payee name Numero		200 Spec Ste 300	trum Center Dr	City,	State,	Zip Cod
		.,		Kristian Carran	za Campa	lign
	5 <u></u> 5.100					
(C) Check if travel outside	of Texas. Complete Schedule	т.	Check if Austin, TX	, officeholder living ex	pense	
Candidate/Officeholder	r name C	ffice sought		Office held		
	Press Frees Arrie's List The Inst 2 FILER NAME Annie's List Name of fina See p (a) Amount Charged \$26.65 (a) Payee name NGP VAN Inc. (a) Category (See Categories listed at the top Office Overhead/Ren (c) Check if travel outside (a) Amount Charged \$750.00 (a) Payee name Numero (a) Category (See Categories listed at the top Office Overhead/Ren \$750.00 (a) Amount Charged \$750.00 (a) Amount Charged \$750.00 (a) Amount Charged \$720.00 (a) Amount Charged \$720.00 (a) Payee name Numero (a) Payee name Numero (a) Amount Charged \$720.00 (a) Payee name Numero (a) Category (See Categories listed at the top Solicitation/Fundraisin (C) (a) Category (See Categories listed at the top Solicitation/Fundraisin (C) (a) Category (See Categories listed at the top	Yr-aiCommittee Event Expense Fees FoodBeverage Expense Gift/Awards/Memorials Expense Legal Services 2 FILER NAME Annie's List Name of financial institution see previous (a) Amount Charged \$26.65 (b) Date of Charge 06/01/2024 (a) Payee name NGP VAN Inc. (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (c) □ Check if travel outside of Texas. Complete Schedule Candidate/Officeholder name Numero (a) Payee name Numero (a) Payee name (b) Date of Charge 03/01/2024 (a) Amount Charged \$750.00 (b) Date of Charge 03/01/2024 (a) Amount Charged \$750.00 (b) Date of Charge 03/01/2024 (a) Payee name Numero (b) Date of Charge 03/01/2024 (a) Payee name Numero (b) Date of Charge 03/01/2024 (a) Amount Charged \$720.00 (b) Date of Charge 05/10/2024 (a) Amount Charged \$720.00 (b) Date of Charge 05/10/2024 (a) Payee name Numero (b) Date of Charge 05/10/2024 (a) Payee name Numero (b) Date of Charge 05/10/2024 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (c) □ Check if travel outside of Texas. Complete Schedule Solicitation/Fundraising Expense (Event Expense FootBreverage Expense Gift/wardsMemorials Expense Class Provides Loan RepaymentRy Poling Expense Salaries/Wages/Cor The Instruction Guide explains how to complete to Poling Expense Salaries/Wages/Cor The Instruction Guide explains how to complete to Salaries/Wages/Cor The Instruction Guide explains how to complete to See previous 2 FILER NAME Annie's List Name of financial institution See previous 5 TOTAL EXPENI CHARG CARD (a) Amount Charged (a) Payee name (b) Date of Charge 06/07/202 (c) Date(s) 06/07/202 (a) Category (b) Date of Charge 06/07/202 (b) Dates of 06/07/202 (a) Category (b) Date of Charge 06/07/202 (c) Date(s) 06/07/202 (a) Category (b) Descrip Voter file a (b) Descrip Voter file a (c) Check if travel outside of Texas. Complete Schedule T. (c) Date(s) 04/03/202 (a) Amount Charged S750.00 (b) Date of Charge 03/01/2024 (c) Date(s) 04/03/202 (a) Payee name Numero (b) Date of Charge 03/01/2024 (b) Payee a 200 Spec Ste 300 Irvine, CA (a) Category (b) Date of Charge 05/10/2024 (c) Date(s) 05/26/202 (a) Category (b) Date of Charge 05/26/202 (c) Date(s) 05/26/202 (a) Amount Charged Numero (b) Date of Charge 05/26/202 (c) Date(s) 05/26/202 (a) Amount Charged Numero (b) Date of Charge 05/26/20	Year Pess Gill/Avards/Memorials Expense Gill/Avards/Memorials Expense Gill/Avards/Memorials Expense Gill/Avards/Memorials Expense Gill/Avards/Memorials Expense Gill/Avards/Memorials Expense Gill/Avards/Memorials Expense Gill/Avards/Memorials Expense Finiting Expense Statistic/Wages/Contract Labor T 2 FILER NAME Annie's List S TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD (a) Amount Charged (b) Date of Charge 06/01/2024 (c) Date(s) Credit Card Issue 06/07/2024 (a) Payee name (b) Date of Charge 06/01/2024 (c) Date(s) Credit Card Issue 06/07/2024 (a) Payee name (b) Payee address; 1445 New York Ave NW Ste 200 (b) Payee address; (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin. T2 Candidate/Officeholder name Office sought (c) Date(s) Credit Card Issue 04/03/2024 (a) Amount Charged \$750.00 (b) Date of Charge 03/01/2024 (c) Date(s) Credit Card Issue 04/03/2024 (a) Amount Charged Numero (b) Date of Charge 03/01/2024 (b) Payee address; 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004 (a) Category (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin. T2 Candidate/Officeholder name Office sought (b) Description fundraising software for L (a) Amount Charged \$720.00 (b) Date of Charge 05/10/2024 (c) Date(s) Credit Card Issue 05/26/2024	Y Committee Solidation/Fundationality Y Committee Solidation/Fundationality 2 Committee Committee Solidation/Fundationality 2 FILER NAME Annie's List The instruction Guide explains how to complete this form. 3 Filer ID (Efficience) 2 FILER NAME Annie's List \$ TOTAL OF UNITEMIZED EXPENDITURES see previous \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT \$ (a) Amount Charged \$26.65 (b) Date of Charge 06/01/2024 (c) Date(s) Credit Card Issuer Paid 06/07/2024 \$ (a) Amount Charged \$26.65 (b) Date of Charge 06/01/2024 (c) Date(s) Credit Card Issuer Paid 06/07/2024 \$ (a) Amount Charged \$26.65 (b) Date of Charge 06/01/2024 (c) Date(s) Credit Card Issuer Paid 06/07/2024 \$ (a) Amount Charged \$26.65 (b) Date of Charge 06/01/2024 (c) Date(s) Credit Card Issuer Paid 06/07/2024 \$ (a) Category Cife Coverhead/Rental Expense Office Sought Office heid (c) Check if avein outside of Texas. Complete Schedule T. Candidate/Officeholder name Office Sought Office heid (a) Payee name \$750.00 (b) Date of Charge 03/01/2024 (c) Date(s) Credit Card Issuer Paid 04/03/2024 Office heid (a) Amount Charged \$750.00 (b) Date of Charge 05/10/2024 (c) Date(s) Credit Card Issuer Paid 05/26/2024 Office heid (a) Payee name Numero (b) Date	Description Description Committee Committee </th

SCHEDULE F4

Zip Code

Zip Code

Zip Code

expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CA	RD
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	EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	rage Expense s/Memorials Expense ices	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Fravel in District Fravel Out of District DTHER (enter a category not listed above)					
			ruction Guide explains h	low to complete this form.	-					
1	Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)					
	Sch: 22/34 Rpt:	Annie's List			00053715					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$ 2,769.95					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid					
	Expenditure from corporate funds	\$720.00	06/01/2024	06/07/2024						
7	PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code					
		Numero		200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004						
8	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top of this schedule) Solicitation/Fundraising Expense			Kristian Carranza Campaign					
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T			Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held										
	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid					
	Expenditure from corporate funds	\$71.23	03/14/2024	04/03/2024						
	PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code					
				907 W 5th St						
		Office Depot		Ste 101						
				Austin, TX 78703-5427						
	PURPOSE OF	(a) Category		(b) Description	(b) Description					
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		office supplies						
	X Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	K, officeholder living expense					
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held					
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid					
	Expenditure from corporate funds	\$26.52	05/22/2024	05/26/2024						
_	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
				907 W 5th St						
		Office Depot		Ste 101						
				Austin, TX 78703-5427						
⊢	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top		office supplies						
	X Political	Office Overhead/Rent	lai ⊨xpense							
	Non-Political	I	of Texas. Complete Schedule		K, officeholder living expense					
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held					
e	xpenditure to benefit C/OH									

EXPENDITURES MADE BY CREDIT CARD	

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards I Committee Legal Serv	rage Expense s/Memorials Expense ices	Office Overhead/Rental Expense T Polling Expense T Printing Expense T Salaries/Wages/Contract Labor O	olicitation/Fundraising E ransportation Equipmer ravel in District ravel Out of District THER (enter a categor	nt & Related I			
			ruction Guide explains h	ow to complete this form.	-				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)		
	Sch: 23/34 Rpt:	Annie's List			00053715				
4	CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	2,769.9	95		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	Expenditure from corporate funds	\$133.33	05/23/2024	05/26/2024					
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Office Depot		907 W 5th St Ste 101 Austin, TX 78703-5427					
8	PURPOSE OF	(a) Category		(b) Description					
Ū	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		office supplies					
Non-Political (c) Check if travel outside of Texas. Complete Schedule T				T. Check if Austin, TX	, officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought	Office held				
e	expenditure to benefit C/OH								
	PAYMENT Expenditure from corporate funds	(a) Amount Charged \$61.15	(b) Date of Charge 05/08/2024	(c) Date(s) Credit Card Issue 05/26/2024	er Paid				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Pappasitos Cantina	l	6513 I-35 Austin, TX 78752					
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expen	,	Meeting expense					
	X Political		1130						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	, officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought	Office held				
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	Expenditure from corporate funds	\$393.56	05/08/2024	05/26/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Pappasitos Cantina	l	6513 I-35					
L				Austin, TX 78752					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expen		(b) Description Meeting expense					
	Non-Political								
_		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin, TX Ifice sought	, officeholder living exp Office held	ense			
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Oniteriolder	name U	nice adugin	Onice nelu				

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Ex Fees Food/Bev - Gift/Awar	verage Expense ds/Memorials Expense	RIES FOR BOX 10 Loan Repayment/Reir Office Overhead/Rent Polling Expense Printing Expense Salaries/Wages/Contr	nbursement al Expense	Solicitation/Fundraisin Transportation Equipm Travel in District Travel Out of District OTHER (enter a categ	ent & Related I		
		The Ins	struction Guide explains	how to complete th	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	nics Commiss	sion Filers)	
	Sch: 24/34 Rpt:	Annie's List				00053715			
4	CREDIT CARD ISSUER		ancial institution previous	EXPEND	F UNITEMIZEI ITURES D TO A CRED	\$	2,769.9)5	
6	PAYMENT Expenditure from corporate funds	(a) Amount Charged \$59.54	(b) Date of Charge 03/02/2024	(c) Date(s) C 04/03/2024	Credit Card Issu 4	uer Paid			
7	PAYEE	(a) Payee name		(b) Payee ad 800 Conne		City,	State,	Zip Code	
		Priceline.com							
					CT 06854-163	1			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Office Overhead/Rer		(b) Descripti expense	on				
	Non-Political	(C) Check if travel outside	e of Texas. Complete Schedule	ет.	Check if Austin, T	X, officeholder living e	xpense		
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholde	er name C	Dffice sought		Office held			
	PAYMENT Expenditure from corporate funds	(a) Amount Charged \$198.70	(b) Date of Charge 03/02/2024	(c) Date(s) 0 04/03/2024	Credit Card Issu 4	uer Paid			
	PAYEE	(a) Payee name Priceline.com		(b) Payee at 800 Conne	ecticut Ave	City,	State,	Zip Code	
		(a) Catagony			Norwalk, CT 06854-1631 (b) Description				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Travel In District	p of this schedule)	(b) Descripti lodging	on				
	Non-Political	(C) Check if travel outside	e of Texas. Complete Schedule	ет.	Check if Austin, T	X, officeholder living e	xpense		
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholde	er name C	Office sought	_	Office held			
	PAYMENT Expenditure from corporate funds	(a) Amount Charged \$11.70	(b) Date of Charge 04/27/2024	(c) Date(s) C 05/26/2024	Credit Card Issu 4	uer Paid			
	PAYEE	(a) Payee name	•	(b) Payee ad		City,	State,	Zip Code	
		Priceline.com		800 Conne	ecticut Ave				
					CT 06854-163	1			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Office Overhead/Rer		(b) Descripti expense	on				
	Non-Political		a of Taylog Consistence in the		Charle if Austin -	V officebolder lists			
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	(C) Check if travel outside Candidate/Officeholde	e of Texas. Complete Schedule er name C	office sought		TX, officeholder living ex Office held	(pense		
		<u> </u>							

SCHEDULE F4

Forms provided by Texas Ethics Commission

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve Gift/Award	erage Expense s/Memorials Expense	RIES FOR BOX Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co	eimbursement ental Expense	Travel in District Travel Out of Distr	uipment & Related	
		The Inst	ruction Guide explains	how to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID	(Ethics Commis	sion Filers)
	Sch: 25/34 Rpt:	Annie's List				00053715	5	
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN CHARG	OF UNITEMIZ DITURES GED TO A CRE	\$	2,769.9	95
		(a) Amount Changed	(h) Data of Charge	CARD	Credit Card I	Daid		
6	PAYMENT Expenditure from corporate funds	(a) Amount Charged \$259.07	(b) Date of Charge 04/27/2024	05/26/20	Credit Card Is 24	ssuel Palu		
7	PAYEE	(a) Payee name		(b) Payee	address:	City,	State.	Zip Code
		Priceline.com			necticut Ave		,	p = = = = =
				Norwalk,	CT 06854-1	631		
8	PURPOSE OF	(a) Category		(b) Descrip	otion			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	lodging				
	X Political	Travel In District						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austi	in, TX, officeholder livir	na expense	
9	Complete ONLY if direct	Candidate/Officeholder	•	Office sought		Office hel		
	xpenditure to benefit C/OH			5				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Is	ssuer Paid		
	Expenditure from corporate funds	\$54.13	04/29/2024	05/26/20				
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
				800 Conr	necticut Ave			
		Priceline.com						
			Norwalk,	Norwalk, CT 06854-1631				
	PURPOSE OF	(a) Category		(b) Descrip	(b) Description			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		expense				
	X Political	Onice Overneau/Ren	lai Expense					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austi	in, TX, officeholder livir	ng expense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office hel	d	
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Is	ssuer Paid		
	Expenditure from corporate funds	\$33.31	03/31/2024	04/25/20				
	PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code
		Prosperity Bank		PO Box 6				·
				Dallas, T	X 75266-052	25		
	PURPOSE OF	(a) Category		(b) Descrip	otion			
	EXPENDITURE	(See Categories listed at the top Fees	of this schedule)	interest c	harges			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austi	n, TX, officeholder livir	na expense	
				-		,,	J	

SCHEDULE F4

Complete ONLY if direct expenditure to benefit C/OH Office sought

Candidate/Officeholder name

Office held

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense	Event Expe	ense	Loan Repayment/Reimbursement	Solicitation/Fund		Transa		
	Accounting/Banking Consulting Expense		erage Expense	Office Overhead/Rental Expense Polling Expense	Travel in District	quipment & Related I	Expense		
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense rices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of Dis OTHER (enter a	trict category not listed at	oove)		
		The Inst	ruction Guide explains h	ow to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID) (Ethics Commiss	sion Filers)		
	Sch: 26/34 Rpt:	Annie's List			0005371	5			
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZ	ZED				
	ISSUER	see n	revious	EXPENDITURES	\$	2,769.9	95		
		300 p	ievious	CHARGED TO A CRE CARD	EDIT				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid				
	Expenditure from	()		04/03/2024					
	corporate funds	\$408.97	03/28/2024						
7	PAYEE			(b) Davias address:	City	Stata	Zin Codo		
'		(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Southwest Airlines		PO Box 36647					
				Dallas TV 75225 164	7				
8	PURPOSE OF	(a) Category		(b) Description	+7				
ð	EXPENDITURE	(See Categories listed at the top	of this schedule)	Airfare					
	V Dolition	Travel In District		/ where					
	X Political								
	Non-Political		of Texas. Complete Schedule		n, TX, officeholder liv	- ·			
	Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought	Office he	eld			
e	xpenditure to benefit C/OH								
			(c) Date(s) Credit Card Is 04/25/2024	ssuer Paid					
Expenditure from \$757.96 04/04/2024 04/25/2024			04/23/2024						
	-								
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Southwest Airlines		PO Box 36647					
		Southwest Annies							
				Dallas, TX 75235-1647					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
		Travel In District		Airfare					
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder liv	ving expense			
	Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought	Office he	eld			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid				
	Expenditure from corporate funds	\$41.00	04/09/2024	04/25/2024					
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
				PO Box 36647					
		Southwest Airlines							
				Dallas, TX 75235-164	7				
	PURPOSE OF	(a) Category	of this color-but-	(b) Description					
		(See Categories listed at the top Fees	ui inis schedulė)	Airline fee					
	X Political								
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
	Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought	Office he	eld			
e	penditure to benefit C/OH								
_									

		EXPI	ENDITURE CATEGOR	IES FOR BOX 10(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve - Gift/Award	ense erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	tal Expense Transportation Equipment & Related Travel in District Travel Out of District				
		The Inst	ruction Guide explains h	ow to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	3 Filer ID (Ethics Commission Filers)			
	Sch: 27/34 Rpt:	Annie's List			00053715				
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ		0 700 0			
	ISSUER	see previous EXPENDITURES CHARGED TO A CREDIT CARD		EDIT	2,769.9	15			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid				
	Expenditure from corporate funds	\$750.96	06/01/2024	06/07/2024					
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
				PO Box 36647					
		Southwest Airlines							
				Dallas, TX 75235-164	47				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description					
		Travel In District		Airfare					
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		in, TX, officeholder living	expense			
	Complete ONLY if direct	Candidate/Officeholder	r name Of	fice sought	Office held				
e	penditure to benefit C/OH		1						
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I 04/25/2024	ssuer Paid				
	Expenditure from corporate funds	\$98.76	04/13/2024	04/23/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Taskrabbit		425 2nd St					
		TASKTADDIL		Ste 200					
				San Francisco, CA 94107-1420					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
		Office Overhead/Ren		Storage/moving					
	X Political								
	Non-Political		of Texas. Complete Schedule		tin, TX, officeholder living	expense			
	Complete ONLY if direct	Candidate/Officeholder	r name Of	fice sought	Office held				
e	Appenditure to benefit C/OH	(a) Amount Chargod	(b) Data of Charge	(a) Data(a) Cradit Card I	aguar Daid				
	Expenditure from	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I 04/25/2024	SSUEL Palu				
	corporate funds	\$228.15	04/13/2024						
	PAYEE			(b) Payee address;	City,	State,	Zip Code		
		(a) Payee name		425 2nd St	City,	State,	Zip Coue		
		Taskrabbit		Ste 200					
				San Francisco, CA 94	4107-1420				
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	,	Storage/moving					
X Political Office Overhead/Rental Expense									
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									
	Complete ONLY if direct	Candidate/Officeholder		fice sought	Office held				
e	kpenditure to benefit C/OH			-					
		I							

Forms provided by Texas Ethics Commission

	EX	PENDITURE CATEGO		()				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	/ - Gift/Awa	everage Expense ards/Memorials Expense	Loan Repayment/Re Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Cor	ntal Expense T T T	Solicitation/Fundraising I Transportation Equipmen Travel in District Travel Out of District DTHER (enter a categor	nt & Related I		
	The In	struction Guide explains	how to complete t	his form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)	
Sch: 28/34 Rpt:	Annie's List				00053715			
4 CREDIT CARD ISSUER		ancial institution previous	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	2,769.9	95	
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged \$310.75	(b) Date of Charge 04/04/2024	(c) Date(s) 04/25/202	Credit Card Issue 24	er Paid			
corporate funds								
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Taura Eutona Dua	:+	requested	b				
	Texas Future Pro	ject						
			Austin, T					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	op of this schedule)	(b) Descrip					
X Political	Fees		conferenc	ce lee				
Non-Political	(C) Check if travel outsid	de of Texas. Complete Schedul	е Т.	Check if Austin, TX	, officeholder living exp	ense		
9 Complete ONLY if direct Candidate/Officeholder name Office			Office sought		Office held			
expenditure to benefit C/OH								
PAYMENT (a) Amount Charged (b) Date of Charge			Credit Card Issue	er Paid				
Expenditure from corporate funds	\$42.51	03/18/2024	04/03/20	04/03/2024				
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Texas Workforce Commission		ATTN CA	SHIER 101 EAS	ST 15TH St			
	Texas workforce	Commission						
				Austin, TX 78778-0001				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	on of this schedule)	(b) Descrip	otion				
X Political	Office Overhead/Re		expense					
Non-Political	(C) Check if travel outsid	de of Texas. Complete Schedul	е Т.	Check if Austin, TX	, officeholder living exp	ense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officehold	er name (Office sought		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	er Paid			
Expenditure from corporate funds	\$200.00	06/10/2024	06/26/20	24				
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Texas Workforce	Commission	ATTN CA	SHIER 101 EAS	ST 15TH St			
			Austin, T	X 78778-0001				
PURPOSE OF	(a) Category	<i></i>	(b) Descrip					
	(See Categories listed at the to Fees	op of this schedule)	conference	ce fee				
X Political								
	cal (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Non-Political	(C) Check if travel outsid	de of Texas. Complete Schedul	е Т.	Check if Austin, TX	, officeholder living exp	ense		

		EXPE	ENDITURE CATEGO	RIES FOR BOX 1	0(a)				
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Rei Office Overhead/Ren	mbursement tal Expense	Solicitation/Fundraising		Expense	
	Consulting Expense Contributions/ Donations Made By	Food/Beve	erage Expense s/Memorials Expense	Polling Expense Printing Expense		Travel in District Travel Out of District			
	Candidate/Officeholder/Politica	I Committee Legal Serv	ices	Salaries/Wages/Cont	ract Labor	OTHER (enter a categ	ory not listed al	bove)	
			ruction Guide explains	how to complete th	nis form.				
1	Total pages Schedule F4:					3 Filer ID (Eth	nics Commiss	sion Filers)	
	Sch: 29/34 Rpt:	Annie's List				00053715			
4	CREDIT CARD	Name of financial institution		5 TOTAL C EXPEND	OF UNITEMIZED	\$	2,769.9	95	
	ISSUER	see pi	revious		ED TO A CREDI		2,10010		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid			
	Expenditure from corporate funds	\$578.19	03/18/2024	04/03/202					
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
				233 S Wa	cker Dr	-		·	
		United Airlines							
				Chicago, I	L 60606-7147				
8	PURPOSE OF	(a) Category		(b) Descript	ion				
		(See Categories listed at the top of this schedule) Travel In District		airfare					
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	ет.	Check if Austin, T	X, officeholder living e	xpense		
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held			
e	xpenditure to benefit C/OH								
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) (04/03/202	Credit Card Issu	er Paid			
	Expenditure from corporate funds	\$23.00	03/18/2024	04/03/202	.4				
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
				233 S Wa	cker Dr				
		United Airlines							
				Chicago, I	Chicago, IL 60606-7147				
	PURPOSE OF	(a) Category (See Categories listed at the top	of this school (a)	(b) Descript					
		Fees	of this schedule)	Airline fee	Airline fee				
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		Check if Austin, T	X, officeholder living e	xpense		
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held			
e	xpenditure to benefit C/OH								
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) (04/03/202	Credit Card Issu	er Paid			
	Expenditure from corporate funds	\$36.00	03/18/2024	04/03/202	.4				
								7. 0. 1	
	PAYEE	(a) Payee name		(b) Payee a	-	City,	State,	Zip Code	
		United Airlines		233 S Wa	cker Dr				
				Chicago I	L 60606-7147				
	PURPOSE OF	(a) Category		(b) Descript					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Airline fee					
	X Political	Fees							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	_ _	Check if Austin	X, officeholder living e	xnense		
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	Diffice sought		Office held			
e	xpenditure to benefit C/OH								
	-								
_						.,		0.40.1.51	

SCHEDULE F4

Forms provided by Texas Ethics Commission

		EXPI	ENDITURE CATEGOR	RIES FOR BOX 10(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By	- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense	Transportation Equip Travel in District Travel Out of District				
	Candidate/Officeholder/Politica	5		Salaries/Wages/Contract Labor	OTHER (enter a cate	egory not listed at	Jove)		
1	Total pages Schedule F4:	· · · · · · · · · · · · · · · · · · ·	· · ·	•	3 Filer ID (E	3 Filer ID (Ethics Commission Filers)			
	Sch: 30/34 Rpt:	Annie's List			00053715				
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ					
	ISSUER	see previous EXPENDITURES CHARGED TO A CRED CARD		DIT \$	2,769.9	95			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	Expenditure from corporate funds	\$10.00	03/26/2024	04/03/2024					
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
		United Airlines		233 S Wacker Dr					
	United Ainines								
_				Chicago, IL 60606-714	47				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Airline fee					
	X Political	Fees							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Austin	n, TX, officeholder living	expense			
9	Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held				
	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	Expenditure from corporate funds	\$40.00	03/26/2024	04/03/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
				233 S Wacker Dr	- 5,	,			
		United Airlines							
				Chicago, IL 60606-7147					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	· / ·	(b) Description				
		Fees		Airline fee					
	X Political								
	Non-Political	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living Office held	expense			
e	Complete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate/Onicenoider	name O	ince sought	Office field				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	Expenditure from	\$40.00	03/29/2024	04/03/2024					
	corporate funds	φ-0.00	03/23/2024						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Lipitad Airlings		233 S Wacker Dr					
		United Airlines							
				Chicago, IL 60606-714	47				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Airline fee					
	X Political	Fees							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule		n, TX, officeholder living	expense			
	Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	Office held	слренос			
e	xpenditure to benefit C/OH			<u> </u>					

	EXPENDITURE	ES MADE B	YC	REDIT CA	RD		
			EXPE	NDITURE CATEGO	DRIES	FOR BOX 10(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee		Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Print		In Repayment/Reimbursement ce Overhead/Rental Expense ling Expense nting Expense aries/Wages/Contract Labor		
			The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME					
	Sch: 31/34 Rpt:	Annie's List					
4	CREDIT CARD ISSUER	Name of financial institution see previous				5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREI CARD	
6	PAYMENT Expenditure from corporate funds	(a) Amount Charge \$588.92	ed	(b) Date of Charge 06/01/2024	ļ	(c) Date(s) Credit Card Iss 06/07/2024	

Г

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

1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 31/34 Rpt:	Annie's List			00053715					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$	2,769.9	95		
6		(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid				
	Expenditure from corporate funds	\$588.92	06/01/2024	06/07/202	24					
7	PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code		
		United Airlines		233 S Wa						
L				-	IL 60606-7147					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript Airfare	uon					
	X Political	Travel In District		7						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	<u>ا</u>	Check if Austin, TX,	officeholder living expe	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
e	expenditure to benefit C/OH			-						
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) 04/25/202	Credit Card Issuer	r Paid				
Expenditure from corporate funds		\$178.94	04/12/2024	04/25/202	-4					
	PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code		
	UPS Store		815 Brazos St							
					Ste A Austin TX 78701 2514					
⊢	PURPOSE OF	(a) Category	Austin, TX 78701-2514 (b) Description							
	EXPENDITURE	(See Categories listed at the top		postage						
	X Political	Office Overhead/Rent	tal Expense							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living expe	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	ce sought Office held						
e	expenditure to benefit C/OH			-						
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) 05/30/202	Credit Card Issuer	r Paid				
	Expenditure from corporate funds	\$228.06	05/30/2024	03/30/202	-7					
┢	PAYEE	(a) Payee name	1	(b) Payee a	address;	City,	State,	Zip Code		
			815 Brazos St							
	UPS Store			Ste A						
┡					(78701-2514					
	PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Descript postage	uuu					
	X Political	Office Overhead/Rent	tal Expense	peekago						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	٦	Check if Austin, TX,	officeholder living expe	ense			
Γ	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
E	expenditure to benefit C/OH									

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com		Fees Off Food/Beverage Expense Po By - Gift/Awards/Memorials Expense Pri cal Committee Legal Services Sa		Office Overhead/F Polling Expense Printing Expense Salaries/Wages/C	ffice Overhead/Rental Expense Tr Illing Expense Tr inting Expense Tr Ilaries/Wages/Contract Labor O		iolicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District DTHER (enter a category not listed above)		
	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4: 2 FILER NAME							3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 32/34 Rpt:	Annie's List				00053715			
4	CREDIT CARD ISSUER	Name of financial institution see previous		EXPE	EXPENDITURES CHARGED TO A CREDIT			2,769.9	95
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Cre	edit Card Issue	er Paid		
	Expenditure from corporate funds	\$267.00	04/26/2024	05/26/20	024				
7	PAYEE	(a) Payee name	•	(b) Payee	e add	ress;	City,	State,	Zip Code
Vonlane		Ste 125	6310 Lemmon Ave						
8	PURPOSE OF	(a) Category		(b) Descr	iption	1			
	EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	bus fare	bus fare				
	X Political								
	Non-Political	(C) Check if travel outside	Т.		Check if Austin, TX	(, officeholder living exp	oense		
9	Complete ONLY if direct	Candidate/Officeholder		ffice sought			Office held		
	xpenditure to benefit C/OH								
PAYMENT Expenditure from corporate funds		(a) Amount Charged (b) Date of Charge		(c) Date(s	(c) Date(s) Credit Card Issuer				
		\$130.00	05/21/2024	05/26/2024					
PAYEE		(a) Payee name		(b) Payee	e add	ress;	City,	State,	Zip Code
				6310 Lemmon Ave					
		Vonlane	Ste 125	Ste 125					
				Dallas, TX 75209-5812					
	PURPOSE OF	(a) Category		(b) Descr	iption	l			
	EXPENDITURE	(See Categories listed at the top Travel In District	bus fare						
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т.		Check if Austin, TX	(, officeholder living exp	oense	
	Complete ONLY if direct	Candidate/Officeholder	r name O	ffice sought			Office held		
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Cre	edit Card Issue	er Paid		
	Expenditure from corporate funds	\$140.00	06/25/2024	06/26/20	024				
	PAYEE	(a) Payee name		(b) Payee	e add	ress;	City,	State,	Zip Code
		Vonlane		6310 Le	6310 Lemmon Ave				
				Ste 125					
Dallas, TX 75209-5812									
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule) Travel In District			(b) Descr						
			of this schedule)	bus fare	•				
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т.		Check if Austin, TX	K, officeholder living exp	oense	
	Complete ONLY if direct	Candidate/Officeholder		ffice sought	<u> </u>		Office held		
e	expenditure to benefit C/OH								
H		L							

	EXPENDITURE CATEGORIES FOR BOX 10(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	rage Expense s/Memorials Expense ices	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	ce Overhead/Rental Expense Transportation Equipment ing Expense Travel in District ting Expense Travel Out of District aries/Wages/Contract Labor OTHER (enter a category						
	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethi	cs Commiss	sion Filers)				
	Sch: 33/34 Rpt:	Annie's List			00053715						
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	EXPENDITURES \$ 2,769.95 CHARGED TO A CREDIT						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid						
	Expenditure from corporate funds	\$140.00	06/25/2024	06/26/2024							
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
	Vonlane			6310 Lemmon Ave Ste 125 Dallas, TX 75209-5812	6310 Lemmon Ave Ste 125						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description bus fare							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	Check if Austin, TX, officeholder living expense						
9	Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held						
	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid						
Expenditure from corporate funds		\$415.43	03/13/2024	04/03/2024							
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
		Zoom Video Communications		2400 Allen St Dallas, TX 75204-2502							
-	PURPOSE OF	(a) Category			(b) Description						
	EXPENDITURE	(See Categories listed at the top	of this schedule)	virtual meeting software							
	X Political	Office Overhead/Ren	tal Expense								
	Non-Political		of Texas. Complete Schedule		K, officeholder living exp	ense					
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office held						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid						
	Expenditure from corporate funds	\$258.03	04/13/2024	04/25/2024							
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
		Zoom Video Communications		2400 Allen St							
Dallas, TX 75204-2502 PURPOSE OF (a) Category (b) Description											
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule) X Political				virtual meeting software							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin. T	K, officeholder living exp	ense					
-	Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held						
e	xpenditure to benefit C/OH			,							

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Awards al Committee Legal Serv	rage Expense s/Memorials Expense ices	Office Overhead/Rental Expense Tri Polling Expense Tri Printing Expense Tri Salaries/Wages/Contract Labor O	blicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)			
_			ruction Guide explains r	how to complete this form.				
1	Total pages Schedule F4:			3 Filer ID (Ethics Commission Filers)				
_	Sch: 34/34 Rpt:	Annie's List			00053715			
4	CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 2,769.95			
6	PAYMENT	(a) Amount Charged (b) Date of Charge		(c) Date(s) Credit Card Issue	r Paid			
	Expenditure from corporate funds	\$264.41	05/21/2024	05/26/2024				
7	PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
		Zoom Video Comm	unications	2400 Allen St				
				Dallas, TX 75204-2502				
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description virtual meeting software				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	officeholder living expense			
9 e:	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name O	Office sought	Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	Expenditure from corporate funds	\$264.41	06/13/2024	06/26/2024				
	PAYEE	(a) Payee name Zoom Video Comm	unications	(b) Payee address; 2400 Allen St Dallas, TX 75204-2502	City, State, Zip Code			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description virtual meeting software				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	officeholder living expense			
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name O	Office sought	Office held			

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.						1 Total pages Schedule T: Sch: 1/1 Rpt: 250/250				
2 FILER NAME						3 Filer ID (Ethics Commission Filers)				
Annie's List						00053715				
4 Name of Contribu	tor / Corpora	ation or Labor Orga	anization / Pledgor /Pay	ee	•					
Eaton DC										
5 Contribution / Exp	enditure rep	ported on:								
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	1	Schedule D	Schedule F1			
Schedule F2		Schedule F4	Schedule G	Schedule H		Schedule COH-UC	—			
6 Dates of Travel	7 Name	of person(s) traveli	na		-					
		n, Ana	5							
			departure location							
03/26/2024	Austin									
			of destination location							
03/28/2024	1	ington, DC								
10 Means of transpor		_	vel (including name of c	onference, seminar, o	or othe	r event)				
Commercial Air			ica Votes conference			overny				