#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00018807 3 COMMITTEE NAME **OFFICE USE ONLY** State COPE Fund Date Received **ELECTRONICALLY FILED** 10/07/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P. O. Box 12727 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78711 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Rick NAME NICKNAME LAST **SUFFIX** Levy STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1106 Lavaca STREET **ADDRESS** Suite 200 (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 477-6195 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	·		13 Filer ID	(Ethics Commission Filers)
State COPE Fund			00018807	
14 COMMITTEE ACTIVITY	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		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	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)	\$	7,135.06
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	86,090.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	16,902.01
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Mr. Ri	ck Levy	
		Signature of Cal	mpaign Treasu	rer
AFFIX NOTARY	/ STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of offic	cer administering oath

## FORM GPAC ADDENDUM

Page 3 of 112

						rage 3 01 112
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	State COPE Fund				00018807	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Katherine Culbert Railroad Com	nmissioner	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	Candidates		DeCoon Jones Cupromo Court	luctico	
	ACTIVITY	(Identify by name or, if	A. Supported	DaSean Jones Supreme Court	Justice	
		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			
		Officeholders     Assisted				
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Christine Weems Supreme Cou	rt Justice	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if				
		applicable, classify by party.)				

## FORM GPAC ADDENDUM

Page 4 of 112

		Page 4 01 112
12 COMMITTEE NAME State COPE Fund		13 Filer ID (Ethics Commission Filers) 00018807
State COPE Pullu		00018807
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by page)	A. Supported Bonnie Goldstein Supreme Co	urt Justice
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
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 pa	arty.)	
COMMITTEE 1. Candidates ACTIVITY (Identify by name or, if applicable, classify by parts)	A. Supported Holly Taylor Court of Criminal A	Appeals, Presiding Judge
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures  (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
Officeholders     Assisted  (Identify by name or, if applicable, classify by particular applicable).	arty.)	
COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by pa	A. Supported Marisa Perez-Diaz State Board	d Of Education
(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	
Officeholders     Assisted  (Identify by name or, if applicable, classify by particular partic	arty.)	
·		

### FORM GPAC ADDENDUM

Page 5 of 112

						rage 3 01 112
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	State COPE Fund				00018807	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rayna Glasser State Board (	Of Education	
	(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	Candidates     (Identify by name or, if applicable, classify by party.)		George King State Board Of	Education	
	(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	Candidates     (Identify by name or, if applicable, classify by party.)		Morgan Kirkpatrick State Boa	ard Of Education	
	(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.)				
		Assisted (Identify by name or, if				

#### FORM GPAC **ADDENDUM**

						Page 6 of 112
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
State COPE Fund					00018807	
14 COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this	Candidates (Identify by name or, if applicable, classify by party.)		Carol Alvarad	o State Senator		
report if necessary.)						
	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	Candidates     (Identify by name or, if applicable, classify by party.)		Rachel Mello	State 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 ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Stephanie Dr	aper State Senat	tor	
(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.)					

## FORM GPAC ADDENDUM

					Page 7 of 112
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
State COPE Fund				00018807	
14 COMMITTEE	1. Candidates	A. Supported	Molly Cook State Senator		
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.)	1			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Kathy Cheng State 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 ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Merrie Fox State 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.)				

### FORM GPAC ADDENDUM

Page 8 of 112

AITTEE NAME COPE Fund  AITTEE /ITY  In lists on plain to complete this if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Suppo		Morgan LaMantia State Senato	13 Filer ID 00018807	(Ethics Commission Filers)
AITTEE 'ITY n lists on plain to complete this	(Identify by name or, if applicable, classify by party.)			Morgan LaMantia State Senato		
'ITY n lists on plain to complete this	(Identify by name or, if applicable, classify by party.)			Morgan LaMantia State Senato	r	
to complete this		B. Oppos	Δď			
			cu			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted			
		B. Oppos	ed			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)					
MITTEE /ITY	Candidates     (Identify by name or, if applicable, classify by party.)		rted	Kristen Washington State Repre	esentative	
n lists on plain to complete this if necessary.)		B. Oppos	ed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted			
		B. Oppos	ed			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)					
MITTEE VITY	Candidates (Identify by name or, if applicable, classify by party.)		rted	Cody Grace State Representati	ve	
to complete this		B. Oppos	ed			
	2. Measures (Describe by date and location of election and nature of issue.)					
		B. Oppos	ed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
-	ch lists on plain to complete this t if necessary.)	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if	2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if

### FORM GPAC ADDENDUM

Page 9 of 112

MMITTEE NAME te COPE Fund				13 Filer ID	(Ethics Commission Filers)
te COPE Fund					
				00018807	
MMITTEE FIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Fred Medina State Representati	ive	
ach lists on plain er to complete this ort 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.)				
MMITTEE FIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Desiree Venable State Represe	ntative	
ach lists on plain er to complete this ort 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.)				
MMITTEE FIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jai Daggett State Representativ	е	
ach lists on plain er to complete this ort 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.)				
	CIVITY  ach lists on plain er to complete this	I. Candidates (Identify by name or, if applicable, classify by party.)  ach lists on plain er to complete this ort if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	MMITTEE (IVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  ach lists on plain er to complete this int if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed	MMITTEE INITY  1. Candidates (Identify by name or, if applicable, classify by party.)  ach lists on plain er to complete this ort if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed	MITTEE IVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  ach lists on plain er to complete this ort if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  B. Opposed  3. Officeholders Assisted (Identify by name or, if

### FORM GPAC ADDENDUM

Page 10 of 112

						1 ago 10 01 112
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
State COPE Fund					00018807	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Daniel Lee Sta	ate Representative	e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
COMMITTEE	+		Addison Bull	01.1. D	**	
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if	A. Supported	Adrienne Bell	State Representa	tive	
	applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported				
	natalo di Rocci,	B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Armando Marti	nez State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders     Assisted					
	(Identify by name or, if applicable, classify by party.)					

### FORM GPAC ADDENDUM

Page 11 of 112

						1 490 11 01 112
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	State COPE Fund				00018807	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sheryl Cole State Representativ	/e	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and	A. Supported			
		location of election and nature of issue.)				
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if				
		applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if)	A. Supported	Vikki Goodwin State Representa	ative	
		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.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dawn Richardson State Repres	entative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders     Assisted				
		(Identify by name or, if applicable, classify by party.)				

### FORM GPAC ADDENDUM

Page 12 of 112

						rage 12 01 112
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	State COPE Fund				00018807	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jennifer Lee State Representati	ve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates		Erin Shank State Representative		
	ACTIVITY	(Identify by name or, if		Lili Shark State Representativ	C	
		applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders     Assisted				
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Detrick Deburr State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders     Assisted				
		(Identify by name or, if applicable, classify by party.)				

### FORM GPAC ADDENDUM

Page 13 of 112

						1 ago 10 01 112
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
State COPE Fund					00018807	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mihaela Plesa	State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures     (Describe by date and location of election and	A. Supported				
	nature of issue.)	B. Opposed				
	Officeholders     Assisted     (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if	A. Supported	Eddie Morales	State Representa	ative	
	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				
	Officeholders     Assisted     (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		Perla Bojorque	z State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					

### FORM GPAC ADDENDUM

Page 14 of 112

						1 490 1 1 01 112
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
State COPE Fund					00018807	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Denise Wilkers	son State Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1			OLIVE D.		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	<b>∟</b> bony Turner	State Representa	itive	
	applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures     (Describe by date and location of election and	A. Supported				
	nature of issue.)					
		B. Opposed				
	Officeholders     Assisted					
	(Identify by name or, if applicable, classify by party.)	)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Chris Turner	State Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders     Assisted					
	(Identify by name or, if applicable, classify by party.)	)				

### FORM GPAC ADDENDUM

Page 15 of 112

							. ago 10 0, 112
<b>12</b> C	OMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
S	tate COPE Fund					00018807	
	OMMITTEE CTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Terry Meza	State Representati	ve	
pa	Attach lists on plain aper to complete this eport if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		nature of issue.	B. Opposed				
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
	OMMITTEE	1. Candidates	A Supported	Linda Carci	a State Representa	ntivo	
	CTIVITY	(Identify by name or, if applicable, classify by party.)		Linua Garcii	a State Representa	uive	
pa	Attach lists on plain aper to complete this eport 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.)					
	OMMITTEE CTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Averie Bisho	pp State Represent	ative	
pa	Attach lists on plain aper to complete this eport if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
		1	<u> </u>				

### FORM GPAC ADDENDUM

Page 16 of 112

						rage 10 01 112
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	State COPE Fund				00018807	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rhetta Bowers State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	Candidates		John Dryant Ctata Danracantati		
	ACTIVITY	(Identify by name or, if	A. Supported	John Bryant State Representative	ve	
		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			
		Officeholders     Assisted				
		(Identify by name or, if applicable, classify by party.)	)			
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Trey Martinez Fischer State Rep	oresentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if				
		applicable, classify by party.)				

### FORM GPAC ADDENDUM

Page 17 of 112

							rage 17 01 112
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	State COPE Fund					00018807	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		d Philip Cortez	State Representat	tive	
	(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. Supporte	d			
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		d Laurel Jorda	n Swift State Repre	esentative	
	(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. Supporte	d			
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		d Sarah Smith	State Representat	ive	
	(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. Supporte				
			B. Opposed				
	_	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
		ı					

### FORM GPAC ADDENDUM

Page 18 of 112

						1 ago 10 01 112
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
State COPE Fund					00018807	
ACTIVITY	1. Candidates Identify by name or, if applicable, classify by party.)		Chuck Crews	State Representat	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(	2. Measures  Describe by date and ocation of election and nature of issue.)	A. Supported				
	,	B. Opposed				
	3. Officeholders Assisted Identify by name or, if applicable, classify by party.)					
COMMITTEE 1	1. Candidates	A. Supported	Chase West S	tate Representati	ve	
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 ocation of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted Identify by name or, if applicable, classify by party.)					
COMMITTEE 1 ACTIVITY (	Candidates  Identify by name or, if applicable, classify by party.)	A. Supported	Ann Johnson	State Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
()	2. Measures  Describe by date and ocation of election and lature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted Identify by name or, if applicable, classify by party.)					
'	·					

### FORM GPAC ADDENDUM

Page 19 of 112

					1 ago 10 0. 112
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
State COPE Fund				00018807	
ACTIVITY (Identii	andidates fy by name or, if able, classify by party.)	A. Supported	John Bucy State Representative	e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Descri locatio	leasures ibe by date and n of election and of issue.)	A. Supported			
		B. Opposed			
A (Identii	officeholders ssisted fy by name or, if able, classify by party.)				
COMMITTEE 1. C	andidates	A. Supported	Stephanie Morales State Repre	sentative	
ACTIVITY (Identii	fy by name or, if able, classify by party.)	7 ii Gapportoa	Stephanic Morales State Repre	Semanve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Descri locatio	leasures ibe by date and n of election and of issue.)	A. Supported			
		B. Opposed			
A (Identii	officeholders ssisted fy by name or, if able, classify by party.)				
COMMITTEE 1. C ACTIVITY (Identit	<u> </u>	A. Supported	Jolanda Jones State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Descri locatio	leasures ibe by date and n of election and of issue.)	A. Supported			
		B. Opposed			
A (Identii	officeholders ssisted fy by name or, if able, classify by party.)				
"					

### FORM GPAC ADDENDUM

Page 20 of 112

					1 ago 20 01 112
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
State COPE Fund				00018807	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		Penny Morales Shaw State Rep	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures     (Describe by date and location of election and	A. Supported			
	nature of issue.)	B. Opposed			
	Officeholders     Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Hubert Vo State Representative	9	
(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			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported	Marisela Jimenez State Repres	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			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
	1				

### FORM GPAC ADDENDUM

Page 21 of 112

					1 ago 21 01 112
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
State COPE Fund				00018807	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Aicha Davis State Representati	ve	
(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			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Raquel Saenz Ortiz State Board	d Of Education	<del></del>
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			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Dee Howard Mullins State Repr	esentative	
(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			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				
	•				

#### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

					22 of 112
<b>17</b> CO	MMITTE	EE NAME	18 Filer ID	(Ethics Con	nmission Filers)
Sta	ite COF	PE Fund	00018807		
<b>19</b> SCI	HEDULI	E SUBTOTALS			
NAI	ME OF	SCHEDULE		SUBT	OTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,023.33
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
				<u> </u>	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	<b> </b>		
] ".	Ш	SCHEDOLE B. I LEDGED CONTRIBOTIONS		٦	
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	DR	1.	
4.	Ш	ORGANIZATION		\$	
		COLIED II E CO. NON MONETARY (IN VIND) CONTRIBUTIONS FROM CORRORD	ATION OD		
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	П	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
				<u> </u>	
7.	X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		6	111.73
l '·		ORGANIZATION		\$	111.73
8.	Ш	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.	П	SCHEDULE E: LOANS		\$	
				ļ .	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	86,090.86
				۳	00,000.00
4.4		COLIEDURE FOR LINDARD INCLIEDED OBLICATIONS		_	
11.	Ш	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	Ш	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
-					
13.	П	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	П	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
	Ц			Ψ	
4.5	U U	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED		2.000.00
15.	X	TO FILER		\$	3,000.00
				<u>I</u>	
l					
l					

	MONET	ARY POLITICAL CONTRIBU	UTION	IS		SCHEDUL	E <b>A1</b>
	The Instru	etion Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 1/67 Rpt: 23/112	
2	FILER NAME State COPE	Fund			3	Filer ID (Ethics Commission 00018807	n Filers)
4	Date 07/12/2024	<ul> <li>Full name of contributor  out-of-state PA Aguilar, Leonard</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$27.78
_	Deireitaal	San Marcos, TX 78666	- 10	Faralassa (Ossalastasstissa			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 08/15/2024	Full name of contributor out-of-state PA Aguilar, Leonard Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$27.78
		San Marcos, TX 78666	-				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 09/06/2024	Full name of contributor out-of-state PA Aguilar, Leonard Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$27.78
		San Marcos, TX 78666					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 07/30/2024	Full name of contributor out-of-state PAC (ID#:)  Alexander, Gwen  Contributor address; City; State; Zip Code  Houston, TX 77085				Amount of Contribution (\$)	\$250.00
	Principal occu Asst. Superin	pation / Job title (See Instructions)		Employer (See Instructions City of Houston	<u>l</u> S)		
	Date 07/12/2024	Full name of contributor out-of-state PA Amps, Emily  Contributor address; City; State; Zip Code  Buda, TX 78610		)	•	Amount of Contribution (\$)	\$27.78
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	S	SCHEDULE A1
	The Instru	ction Guide explains how to complete this form	ı. <sup>1</sup>	. Total pages Schedule A1: Sch: 2/67 Rpt: 24/112
2	FILER NAME State COPE	Fund	3	Filer ID (Ethics Commission Filers) 00018807
4	Date 08/15/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:</li></ul>		Amount of Contribution (\$) \$27.78
8	Principal occu	Buda, TX 78610 pation / Job title (See Instructions)	Employer (See Instructions)	
_	Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of Contribution (\$)
	09/06/2024	Amps, Emily  Contributor address; City; State; Zip Code		\$27.78
		Buda, TX 78610		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Anderson, Jackie White Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$20.00
		Houston, TX 77078		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date 08/12/2024		Full name of contributor out-of-state PAC (ID#: Anderson, Jackie White Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$20.00
	Principal occu	Houston, TX 77078 pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:Anderson, Jackie White  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$20.00
	Principal occu	Houston, TX 77078 pation / Job title (See Instructions)	Employer (See Instructions)	

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/67 Rpt: 25/112	
2	FILER NAME State COPE	Fund			3	Filer ID (Ethics Commission 00018807	Filers)
4	Date 07/09/2024	<ul><li>5 Full name of contributor Armstrong, William A.</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$20.00
0	Dringing occur	Spring Branch, TX 78070		Employer (See Instructions	<u>,,</u>		
8	Principal occu	pation / Job title (See Instruction	5)	9 Employer (See Instructions	5)		
	Date 08/09/2024	Full name of contributor Armstrong, William A. Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
	Principal occu	Spring Branch, TX 78070 pation / Job title (See Instruction:		Employer (See Instructions	;) 		
	T morpar occu	patient, cos title (coe metracion	-)	Employer (ede modulone	,,		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$20.00
		Spring Branch, TX 78070					
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	s)		
Date 07/12/2024		Full name of contributor Barreto, Fabiola Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78744 pation / Job title (See Instruction	5)	Employer (See Instructions	 ;)		
	Date 08/15/2024	Full name of contributor Barreto, Fabiola Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
		Austin, TX 78744					
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1	ı
	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 4/67 Rpt: 26/112	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	State COPE	Fund		00018807	
4	Date 09/06/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Barreto, Fabiola</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$20	.00
		Austin, TX 78744			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
	07/09/2024	Berryman, Trey		\$20	.00
		Contributor address; City; State; Zip Code			
		Kirbyville, TX 75956			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	_
	08/12/2024	Berryman, Trey		\$20	.00
		Contributor address; City; State; Zip Code			
	Dringinal accu	Kirbyville, TX 75956	Employer (See Instructions	2)	
	Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	09/10/2024	Berryman, Trey		\$20	.00
		Contributor address; City; State; Zip Code			
		Kirbyville, TX 75956			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	07/09/2024	Bosquez, Abel G.		\$10	.00
		Contributor address; City; State; Zip Code			
		Amarillo, TX 79104			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/67 Rpt: 27/112	
2	FILER NAME State COPE	Fund		3	Filer ID (Ethics Commission 00018807	Filers)
4	Date 08/09/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Bosquez, Abel G.</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Amarillo, TX 79104 pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Bosquez, Abel G. Contributor address; City; State; Zip Code  Amarillo, TX 79104			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Date 07/09/2024	Full name of contributor	)		Amount of Contribution (\$)	\$20.00
	Principal occu	Justin, TX 76247 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#:_Bradshaw, James  Contributor address; City; State; Zip Code  Justin, TX 76247			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Bradshaw, James  Contributor address; City; State; Zip Code  Justin, TX 76247	)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
		·				

MONE	TARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A	1
The Instr	uction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 6/67 Rpt: 28/112	
2 FILER NAM State COP			<b>3</b> Filer ID (Ethics Commission Filer 00018807	s)
4 Date 07/09/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:</li></ul>		7 Amount of Contribution (\$) \$2	20.00
8 Principal oc	Houston, TX 77093  supation / Job title (See Instructions)	9 Employer (See Instructions)		
Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	20.00
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)		
Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Brisker, Calvin Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2	20.00
Principal oc	Houston, TX 77093	Employer (See Instructions)		
Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Bryant, Judy Contributor address; City; State; Zip Code Dallas, TX 75231		Amount of Contribution (\$)	10.00
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)		
Date 08/12/2024		)	Amount of Contribution (\$) \$1	10.00
Principal oc	supation / Job title (See Instructions)	Employer (See Instructions)		
	<u>'</u>			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.		Total pages Schedule A1: Sch: 7/67 Rpt: 29/112	
2	FILER NAME State COPE	Fund			Filer ID (Ethics Commission 00018807	Filers)
4	Date 09/10/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Dallas, TX 75231 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	- moipai occu	pation / Job title (See manuchons)	Employer (See instructions,	,		
	Date 07/11/2024	Full name of contributor out-of-state PAC (ID#: Cantwell, Travis  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Dallas, TX 75208 pation / Job title (See Instructions)	Employer (See Instructions	)		
	T Tilloipai ooda	pation, our title (our metadations)	Employer (eee meadeann)	,		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Carlin, Thomas F. Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.00
		Hurst, TX 76053				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 08/12/2024	Full name of contributor  out-of-state PAC (ID#: Carlin, Thomas F. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Hurst, TX 76053 pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Carlin, Thomas F.  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Hurst, TX 76053 pation / Job title (See Instructions)	Employer (See Instructions)	)		

	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this for	m.	1 Total pages Schedule A1: Sch: 8/67 Rpt: 30/112	
2	FILER NAME State COPE	Fund		3 Filer ID (Ethics Commission F 00018807	Filers)
4	Date 07/09/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		7 Amount of Contribution (\$)	\$20.00
8	Principal occu	Austin, TX 78754-5738 pation / Job title (See Instructions)	Employer (See Instructions)	5)	
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Cash, Bob Contributor address; City; State; Zip Code  Austin, TX 78754-5738	)	Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	S)	
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Cash, Bob Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78754-5738 pation / Job title (See Instructions)	Employer (See Instructions)	s)	
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Cole, Philip Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
	Principal occu	Port Neches, TX 77651 pation / Job title (See Instructions)	Employer (See Instructions)	s)	
	Date 08/09/2024	Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
	Principal occu	Port Neches, TX 77651 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> 	

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.		Total pages Schedule A1: Sch: 9/67 Rpt: 31/112	
2	FILER NAME State COPE	Fund			Filer ID (Ethics Commission 00018807	Filers)
4	Date 09/09/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Port Neches, TX 77651 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Date 07/09/2024	Full name of contributor	)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Crandell, Mark  Contributor address; City; State; Zip Code		,	Amount of Contribution (\$)	\$20.00
	Dringing Loggy	League City, TX 77573 pation / Job title (See Instructions)	Employer (Coo Instructions)			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	·)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Crandell, Mark  Contributor address; City; State; Zip Code	)	,	Amount of Contribution (\$)	\$20.00
	Principal occu	League City, TX 77573 pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Cummins, Thomas Contributor address; City; State; Zip Code San Antonio, TX 78249		,	Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 10/67 Rpt: 32/112	
2	FILER NAME State COPE	Fund	3	Filer ID (Ethics Commission 00018807	Filers)
4	Date 08/09/2024	<ul> <li>Full name of contributor</li></ul>	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	San Antonio, TX 78249 pation / Job title (See Instructions)  9 Employer (See Instructions)	ons)		
_	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:) Cummins, Thomas  Contributor address; City; State; Zip Code  San Antonio, TX 78249		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions) Employer (See Instruction	ons)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:) Cunningham, Michael W.  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Huntsville, TX 77320 pation / Job title (See Instructions) Employer (See Instructions)	ons)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:) Cunningham, Michael W.  Contributor address; City; State; Zip Code  Huntsville, TX 77320		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	ons)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:) Cunningham, Michael W.  Contributor address; City; State; Zip Code  Huntsville, TX 77320		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	ons)		
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	MONET	ARY POLITICAL CONTRIBUTION	NS .	SCHEDULE /	41
	The Instru	ction Guide explains how to complete this for	m.	1 Total pages Schedule A1: Sch: 11/67 Rpt: 33/112	
2	FILER NAME State COPE	Fund		3 Filer ID (Ethics Commission File 00018807	ers)
4	Date 07/09/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		7 Amount of Contribution (\$)	\$20.00
8	Principal occu	Fort Worth, TX 76244 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Cutburth, William Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$20.00
	Principal occu	Fort Worth, TX 76244 pation / Job title (See Instructions)	Employer (See Instructions)	)	
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Cutburth, William Contributor address; City; State; Zip Code  Fort Worth, TX 76244		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Del Rio, Alicia Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78749 pation / Job title (See Instructions)	Employer (See Instructions)	)	
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Del Rio, Alicia  Contributor address; City; State; Zip Code  Austin, TX 78749		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
		<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTION	NS	S	CHEDULE A1
	The Instru	ction Guide explains how to complete this for	rm.	1 Total pages Sche Sch: 12/67 Rpt	
2	FILER NAME State COPE	Fund		3 Filer ID (Ethics 00018807	Commission Filers)
4	Date 09/10/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:</li></ul>	)	7 Amount of Contri	bution (\$) \$20.00
8	Principal occu	Austin, TX 78749 pation / Job title (See Instructions)	Employer (See Instructions)	5)	
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Dewey, Andy Contributor address; City; State; Zip Code  Houston, TX 77071		Amount of Contri	bution (\$) \$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)	
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Dewey, Andy  Contributor address; City; State; Zip Code		Amount of Contri	s20.00
	Principal occu	Houston, TX 77071 pation / Job title (See Instructions)	Employer (See Instructions)	s)	
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Dewey, Andy Contributor address; City; State; Zip Code  Houston, TX 77071		Amount of Contri	bution (\$) \$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)	
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Drumgo, Brian  Contributor address; City; State; Zip Code  Houston, TX 77067	)	Amount of Contri	bution (\$) \$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)	
		<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/67 Rpt: 35/112	
2	FILER NAME			3	Filer ID (Ethics Commission	r Filers)
	State COPE	Fund			00018807	
4	Date 08/09/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$20.00
		Houston, TX 77067				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/09/2024	Drumgo, Brian				\$20.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77067				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	07/09/2024	Dunlap, Traci				\$20.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78744				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	08/12/2024	Dunlap, Traci				\$20.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78744				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>                                      </u>		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/10/2024	Dunlap, Traci				\$20.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78744				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/67 Rpt: 36/112	
2	FILER NAME			3	Filer ID (Ethics Commission 00018807	ı Filers)
4	Date 07/09/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$20.00
		Grand Prairie, TX 75052				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#:_ Edmondson, Oliver Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Grand Prairie, TX 75052  upation / Job title (See Instructions)	Employer (See Instructions	) ;)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Edmondson, Oliver Contributor address; City; State; Zip Code Grand Prairie, TX 75052	)		Amount of Contribution (\$)	\$20.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Eliano, Cheryl Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu	Killeen, TX 76542  upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Eliano, Cheryl Contributor address; City; State; Zip Code  Killeen, TX 76542			Amount of Contribution (\$)	\$40.00
	Principal occu Union Office	pation / Job title (See Instructions)	Employer (See Instructions AFGE	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 15/67 Rpt: 37/112	
2	FILER NAME State COPE	Fund		3	Filer ID (Ethics Commission 00018807	Filers)
4	Date 09/10/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$40.00
8			9 Employer (See Instructions)	5)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Embree, Alice Contributor address; City; State; Zip Code  Austin, TX 78722			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	i)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#: Embree, Alice Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78722 pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Embree, Alice Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78722 pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 07/09/2024	Full name of contributor			Amount of Contribution (\$)	\$10.00
	Principal occu	Denison, TX 75020 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 16/67 Rpt: 38/112	
2	FILER NAME State COPE	Fund	3	Filer ID (Ethics Commission 00018807	Filers)
4	Date 08/12/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:</li></ul>	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Denison, TX 75020 pation / Job title (See Instructions)  9 Employer (See Inst	tructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Ewig, Mark J.  Contributor address; City; State; Zip Code  Denison, TX 75020	)	Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)  Employer (See Inst	tructions)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Faulk, Shannon  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	San Antonio, TX 78201 pation / Job title (See Instructions)  Employer (See Inst	tructions)		
	Date 07/12/2024	Full name of contributor out-of-state PAC (ID#: Forbes, Lee  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$27.78
	Principal occu	Austin, TX 78754 pation / Job title (See Instructions) Employer (See Inst	tructions)		
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID#: Forbes, Lee  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$27.78
	Principal occu	Austin, TX 78754  pation / Job title (See Instructions) Employer (See Inst	tructions)		
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	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE /	41
	The Instru	ction Guide explains how to complete this form.		Total pages Schedule A1: Sch: 17/67 Rpt: 39/112	
2	FILER NAME State COPE	Fund	:	3 Filer ID (Ethics Commission File 00018807	ers)
4	Date 09/06/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:</li></ul>		7 Amount of Contribution (\$)	\$27.78
8	Principal occu	Austin, TX 78754 pation / Job title (See Instructions)  9 Employer (See	Instructions)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#: Galupi, Charles Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$50.00
	Principal occu	Fort Worth, TX 76116-1963 pation / Job title (See Instructions) Employer (See	Instructions)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Gardner, John R. Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$20.00
	Principal occu	Arlington, TX 76012  pation / Job title (See Instructions) Employer (See	Instructions)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Gardner, John R.  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Arlington, TX 76012 pation / Job title (See Instructions) Employer (See	Instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Gardner, John R.  Contributor address; City; State; Zip Code  Arlington, TX 76012		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)  Employer (See	Instructions)		
		<b>1</b>			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/67 Rpt: 40/112	
2	FILER NAME State COPE	Fund		3	Filer ID (Ethics Commission 00018807	Filers)
4	Date 07/09/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Garza, Ruben A.</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Rotan, TX 79546 pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#:_ Garza, Ruben A. Contributor address; City; State; Zip Code  Rotan, TX 79546			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Garza, Ruben A.  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Rotan, TX 79546 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:_ Goines, Phyllis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Ft. Worth, TX 76111 pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ Goines, Phyllis Contributor address; City; State; Zip Code  Ft. Worth, TX 76111	)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/67 Rpt: 41/112	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	State COPE	Fund			00018807	
4	Date 09/10/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$20.00
		Ft. Worth, TX 76111				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:_ Golden, Brian			Amount of Contribution (\$)	\$20.00
	01/00/2021	Contributor address; City; State; Zip Code				Ψ20.00
		Arlington, TX 76012				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ Golden, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Arlington, TX 76012				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Golden, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Arlington, TX 76012				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:_ Golightly, Maxine Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Hallsville, TX 75650				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to compl	ete this form.	1	Total pages Schedule A1: Sch: 20/67 Rpt: 42/112	
2	FILER NAME State COPE	Fund		3	Filer ID (Ethics Commission 00018807	n Filers)
4	Date 08/12/2024	<ul> <li>Full name of contributor  out-of-stat Golightly, Maxine</li> <li>Contributor address; City; State; Zip Code</li> </ul>	PAC (ID#:		Amount of Contribution (\$)	\$20.00
8	Principal occu	Hallsville, TX 75650 pation / Job title (See Instructions)	9 Employer (	See Instructions)		
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Amount of Contribution (\$)	
	Date 09/10/2024	Golightly, Maxine	PAC (ID#:		Amount of Contribution (\$)	\$20.00
	Principal occu	Hallsville, TX 75650 pation / Job title (See Instructions)	Employer (	See Instructions)		
	r illicipai occu	pation / Job title (See Instructions)	Employer (	See manuchons)		
	Date 07/12/2024	Full name of contributor out-of-state Gonzalez, Ana Y.  Contributor address; City; State; Zip Code	PAC (ID#:	)	Amount of Contribution (\$)	\$48.88
		Austin, TX 78723				
	Principal occu Director	pation / Job title (See Instructions)	Employer (: Texas AFI	See Instructions) L-CIO		
	Date 08/15/2024	Gonzalez, Ana Y.  Contributor address; City; State; Zip Code	PAC (ID#:	)	Amount of Contribution (\$)	\$48.88
	Principal occu Director	Austin, TX 78723 pation / Job title (See Instructions)	Employer (: Texas AFI	See Instructions) L-CIO		
	Date 09/06/2024	Full name of contributor out-of-stat Gonzalez, Ana Y.  Contributor address; City; State; Zip Code  Austin, TX 78723	PAC (ID#:	)	Amount of Contribution (\$)	\$48.88
	Principal occu	pation / Job title (See Instructions)	Employer (: Texas AFI	See Instructions)		
	Director		I CAAS AFI			

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE		E <b>A1</b>
The Inst	ruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 21/67 Rpt: 43/112	
2 FILER NA State CO		3	Filer ID (Ethics Commission 00018807	n Filers)
4 Date 07/09/202	5 Full name of contributor out-of-state PAC (ID#:)  4 Gonzalez, Kelly  6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$20.00
8 Principal o	San Antonio, TX 78227  cupation / Job title (See Instructions)  9 Employer (See Instruction	ns)		
Date 08/09/202	Full name of contributor out-of-state PAC (ID#:)  Gonzalez, Kelly  Contributor address; City; State; Zip Code  San Antonio, TX 78227		Amount of Contribution (\$)	\$20.00
Principal o	cupation / Job title (See Instructions)  Employer (See Instruction	ns)		
Date 09/09/202	Full name of contributor out-of-state PAC (ID#:)  Gonzalez, Kelly  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
Principal o	San Antonio, TX 78227 cupation / Job title (See Instructions)  Employer (See Instruction	ns)		
Date 07/09/202	Full name of contributor out-of-state PAC (ID#:)  Gould, Michael D.  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
Principal o	Missouri City, TX 77459 cupation / Job title (See Instructions)  Employer (See Instruction	ns)		
Date 08/09/202	Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
Principal o	Missouri City, TX 77459 ccupation / Job title (See Instructions)  Employer (See Instruction	ls)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE	A1	
	The Instru	ction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 22/67 Rpt: 44/112	
2	FILER NAME State COPE	Fund		3 Filer ID (Ethics Commission 00018807	Filers)
4	Date 09/09/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		7 Amount of Contribution (\$)	\$10.00
8	Principal occu	Missouri City, TX 77459 pation / Job title (See Instructions)	Employer (See Instructions)	s)	
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Grady, Mark  Contributor address; City; State; Zip Code  Humble, TX 77346	)	Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	s)	
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#: Grady, Mark Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Humble, TX 77346 pation / Job title (See Instructions)	Employer (See Instructions)	s)	
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Grady, Mark Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Humble, TX 77346 pation / Job title (See Instructions)	Employer (See Instructions)	s)	
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Grounds, Barry L.  Contributor address; City; State; Zip Code  La Porte, TX 77571		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	s)	

l	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A		
-	The Instru	ction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 23/67 Rpt: 45/112	
	FILER NAME State COPE	Fund		3 Filer ID (Ethics Commission 00018807	Filers)
	Date 08/12/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		7 Amount of Contribution (\$)	\$20.00
8 F	Principal occu	La Porte, TX 77571 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
]	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Grounds, Barry L. Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$20.00
F	Principal occu	La Porte, TX 77571 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> 	
	Date 07/12/2024	Full name of contributor out-of-state PAC (ID#: Guild, Lauren Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$20.00
F	Principal occu	Austin, TX 78722 pation / Job title (See Instructions)	Employer (See Instructions)	s)	
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID#: Guild, Lauren  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
F	Principal occu	Austin, TX 78722 pation / Job title (See Instructions)	Employer (See Instructions)	s)	
	Date 09/06/2024	Full name of contributor		Amount of Contribution (\$)	\$20.00
F	Principal occu	Austin, TX 78722 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)	

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE	<b>A1</b>	
	The Instru	ction Guide explains how to complete this for	n.	1 Total pages Schedule A1: Sch: 24/67 Rpt: 46/112	
2	FILER NAME State COPE	Fund		3 Filer ID (Ethics Commission I 00018807	Filers)
4	Date 07/09/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$)	\$20.00
8	Principal occu	Del Valle, TX 78617 pation / Job title (See Instructions)	Employer (See Instructions)	1	
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#: Hernandez, Kate  Contributor address; City; State; Zip Code  Del Valle, TX 78617		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Hetzel, Edna Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Beaumont, TX 77706-7383 pation / Job title (See Instructions)	Employer (See Instructions)		
			, ,		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Hetzel, Edna Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$20.00
	Principal occu	Beaumont, TX 77706-7383 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
	Date 09/10/2024	Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Beaumont, TX 77706-7383 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/67 Rpt: 47/112	
2	FILER NAME			3	Filer ID (Ethics Commission	r Filers)
	State COPE	Fund			00018807	
4	Date 07/09/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Hinojosa, Mike</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$10.00
		Aubrey, TX 76227				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ Hinojosa, Mike Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$10.00
	Principal acqu	Aubrey, TX 76227	Employer (See Instructions			
	Principal occi	ipation / Job title (See Instructions)	Employer (See Instructions	>)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Hinojosa, Mike Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Aubrey, TX 76227				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:_ Hutchinson, Seth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78758	Employer (See Instructions	'' 		
	Fillicipal occi	pation 7 300 title (See instructions)	Employer (See instructions	·)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#:_ Hutchinson, Seth  Contributor address; City; State; Zip Code  Austin, TX 78758			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> S)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 26/67 Rpt: 48/112	
2	FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	State COPE	Fund		00018807	
4	Date 09/09/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$)	\$20.00
		Austin, TX 78758			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	is)	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	07/09/2024	Javior, Paul B.			\$8.33
		Contributor address; City; State; Zip Code			
		Adkins, TX 78101			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	08/12/2024	Javior, Paul B.			\$8.33
		Contributor address; City; State; Zip Code			
		Adkins, TX 78101			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	09/10/2024	Javior, Paul B.			\$8.33
		Contributor address; City; State; Zip Code			
		Adkins, TX 78101			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	us)	
	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
	07/09/2024	Johnson, Willie Charles			\$20.00
		Contributor address; City; State; Zip Code		<u></u>	
		Waco, TX 76710			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	us)	
			l		

	MONET	ARY POLITICAL CONTRI	IBUTIC	ONS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to compl	ete this f	orm.	1	Total pages Schedule A1: Sch: 27/67 Rpt: 49/112	
2	FILER NAME State COPE	Fund			3	Filer ID (Ethics Commission 00018807	Filers)
4	Date 08/12/2024	<ul> <li>Full name of contributor  out-of-star</li> <li>Johnson, Willie Charles</li> <li>Contributor address; City; State; Zip Code</li> </ul>	te PAC (ID#:_		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u>		
	Date 09/10/2024	Full name of contributor out-of-state  Johnson, Willie Charles	te PAC (ID#:_			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 07/09/2024	Full name of contributor out-of-star Kelley, Annette  Contributor address; City; State; Zip Code	te PAC (ID#:_			Amount of Contribution (\$)	\$20.00
	Principal occu	Missouri City, TX 77489 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/12/2024	Kelley, Annette	te PAC (ID#:_			Amount of Contribution (\$)	\$20.00
	Principal occu	Missouri City, TX 77489 pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 09/10/2024	Kelley, Annette		)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	: <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/67 Rpt: 50/112	
2	FILER NAME State COPE	Fund		3	Filer ID (Ethics Commission 00018807	Filers)
4	Date 07/09/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Houston, TX 77065 pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ Kenyon, Billy  Contributor address; City; State; Zip Code  Houston, TX 77065			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Kenyon, Billy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Houston, TX 77065 pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:_ Kissling, Irene Contributor address; City; State; Zip Code San Antonio, TX 78230			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ Kissling, Irene Contributor address; City; State; Zip Code San Antonio, TX 78230	)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.		al pages Schedule A1: h: 29/67 Rpt: 51/112	
2	FILER NAME State COPE	Fund			er ID (Ethics Commission 018807	n Filers)
4	Date 09/10/2024	<ul> <li>Full name of contributor</li></ul>		<b>7</b> Am	ount of Contribution (\$)	\$20.00
8	Principal occu	San Antonio, TX 78230 pation / Job title (See Instructions)	9 Employer (See Instructions)	١		
	-		Employer (See instructions,			
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: LaPray, Matthew Contributor address; City; State; Zip Code		Am	ount of Contribution (\$)	\$20.00
	Principal occu	Vidor, TX 77662 pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: LaPray, Matthew  Contributor address; City; State; Zip Code		Am	ount of Contribution (\$)	\$20.00
	Principal occu	Vidor, TX 77662 pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 09/10/2024	Full name of contributor  out-of-state PAC (ID#: LaPray, Matthew  Contributor address; City; State; Zip Code	)	Am	ount of Contribution (\$)	\$20.00
	Principal occu	Vidor, TX 77662 pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Latson, Charice Contributor address; City; State; Zip Code	)	Am	ount of Contribution (\$)	\$20.00
	Principal occu	San Antonio, TX 78245 pation / Job title (See Instructions)	Employer (See Instructions)	)		

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 30/67 Rpt: 52/112	
2	FILER NAME State COPE	Fund	3	Filer ID (Ethics Commission 00018807	Filers)
4	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:)  Latson, Charice  Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	San Antonio, TX 78245  pation / Job title (See Instructions)  9 Employer (See Instructions)	;) 		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:)  Latson, Charice  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	San Antonio, TX 78245  pation / Job title (See Instructions)  Employer (See Instructions)	 		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:)  Latson, Traci  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Houston, TX 77071  pation / Job title (See Instructions)  Employer (See Instructions)	<u> </u> s)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#:)  Latson, Traci  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Houston, TX 77071 pation / Job title (See Instructions)  Employer (See Instructions)	<u> </u> s)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:)  Latson, Traci  Contributor address; City; State; Zip Code  Houston, TX 77071		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	<u> </u> s)		
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	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this form.		ges Schedule A1: ./67 Rpt: 53/112
2	FILER NAME State COPE	Fund	3 Filer ID 000188	(Ethics Commission Filers)
4	Date 07/12/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:</li></ul>	<b>7</b> Amount	of Contribution (\$) \$27.78
8	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)  9 Emp	oyer (See Instructions)	
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID#: Levy, Rick Contributor address; City; State; Zip Code  Austin, TX 78703	<u> </u>	of Contribution (\$) \$27.78
	Principal occu	pation / Job title (See Instructions) Emp	oyer (See Instructions)	
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#: Levy, Rick Contributor address; City; State; Zip Code		of Contribution (\$) \$27.78
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions) Emp	oyer (See Instructions)	
	- Intolpal cood	Emp	oyer (coo mendenens)	
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:  Lewis, Kimetra  Contributor address; City; State; Zip Code	Amount	of Contribution (\$) \$20.00
	Principal occu	Lancaster, TX 75146 pation / Job title (See Instructions)  Emp	oyer (See Instructions)	
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Lewis, Kimetra  Contributor address; City; State; Zip Code  Lancaster, TX 75146	Amount	of Contribution (\$) \$20.00
	Principal occu	<u> </u>	oyer (See Instructions)	
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l	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE	<b>A1</b>
-	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 32/67 Rpt: 54/112	
	FILER NAME State COPE		3	Filer ID (Ethics Commission 00018807	Filers)
	Date 09/10/2024	5 Full name of contributor out-of-state PAC (ID#:)  Lewis, Kimetra  6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$20.00
8 F	Principal occu	Lancaster, TX 75146 pation / Job title (See Instructions)  9 Employer (See Instructions)	)		
[	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:) Longoria, Wanda  Contributor address; City; State; Zip Code  San Antonio, TX 78249		Amount of Contribution (\$)	\$10.00
F	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#:) Longoria, Wanda  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
F	Principal occu	San Antonio, TX 78249 pation / Job title (See Instructions)  Employer (See Instructions)	)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:) Longoria, Wanda  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
F	Principal occu	San Antonio, TX 78249 pation / Job title (See Instructions)  Employer (See Instructions)	)		
	Oate 07/09/2024	Full name of contributor out-of-state PAC (ID#:) Lopez, Jason  Contributor address; City; State; Zip Code  Austin, TX 78745		Amount of Contribution (\$)	\$20.00
F	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	)		
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	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.		Total pages Schedule A1: Sch: 33/67 Rpt: 55/112	
2	FILER NAME State COPE	Fund			Filer ID (Ethics Commission F 00018807	-ilers)
4	Date 08/12/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Austin, TX 78745 pation / Job title (See Instructions)	Employer (See Instructions)	) )		
_	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/10/2024	Lopez, Jason  Contributor address; City; State; Zip Code			(4)	\$20.00
		Austin, TX 78745				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Lugo, Judy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		El Paso, TX 79930				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 08/12/2024	Full name of contributor	)		Amount of Contribution (\$)	\$10.00
	Principal occu	El Paso, TX 79930 pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Lugo, Judy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	El Paso, TX 79930 pation / Job title (See Instructions)	Employer (See Instructions)	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE	A1
	The Instru	ction Guide explains how to complete this for	m.	1 Total pages Schedule A1: Sch: 34/67 Rpt: 56/112	
2	FILER NAME State COPE	Fund		3 Filer ID (Ethics Commission 00018807	Filers)
4	Date 07/09/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:</li></ul>		7 Amount of Contribution (\$)	\$20.00
8	Principal occu	Austin, TX 78702 pation / Job title (See Instructions)	Employer (See Instructions)	)	
	Date 08/12/2024	Full name of contributor	)	Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78702 pation / Job title (See Instructions)	Employer (See Instructions)	)	
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Malfaro, Louis Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78702 pation / Job title (See Instructions)	Employer (See Instructions)	)	
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Manion, Luke  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Houston, TX 77009 pation / Job title (See Instructions)	Employer (See Instructions)	)	
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Manion, Luke Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Houston, TX 77009 pation / Job title (See Instructions)	Employer (See Instructions)	)	

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 35/67 Rpt: 57/112	
2	FILER NAME			3 Filer ID (Ethics Commission	Filers)
4	State COPE	· —	,	00018807  7 Amount of Contribution (\$)	
4	09/10/2024	<ul> <li>Full name of contributor</li></ul>	)	Amount of Contribution (\$)	\$20.00
		Houston, TX 77009			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	07/09/2024	Martinez, Diane			\$20.00
		Contributor address; City; State; Zip Code			
		Spring, TX 77386			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
	08/12/2024	Martinez, Diane			\$20.00
		Contributor address; City; State; Zip Code			
		Spring, TX 77386			
	Principal occu	ıpation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	09/10/2024	Martinez, Diane			\$20.00
		Contributor address; City; State; Zip Code			
		Spring, TX 77386			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	I s)	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	07/09/2024	Mathias, Bonnie L.			\$20.00
		Contributor address; City; State; Zip Code			
		Dallas, TX 75217			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)	
			<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.		Total pages Schedule A1: Sch: 36/67 Rpt: 58/112	
2	FILER NAME State COPE	Fund			Filer ID (Ethics Commission 00018807	Filers)
4	Date 08/12/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:</li></ul>		7	Amount of Contribution (\$)	\$20.00
•	Dringing Loggy	Dallas, TX 75217	Contour (Contraction)			
8	Рппсіраї осси	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 09/10/2024	Full name of contributor  out-of-state PAC (ID#: Mathias, Bonnie L.  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.00
	Principal occu	Dallas, TX 75217 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
				,		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Mayo, Donny  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.00
		Thornton, TX 76687				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 08/09/2024	Full name of contributor	)		Amount of Contribution (\$)	\$20.00
	Principal occu	Thornton, TX 76687 pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 09/09/2024	Full name of contributor	)		Amount of Contribution (\$)	\$20.00
		Contributor address; City; State; Zip Code  Thornton, TX 76687				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 37/67 Rpt: 59/112	
2	FILER NAME State COPE	Fund		3	Filer ID (Ethics Commission 00018807	Filers)
4	Date 07/09/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	LaPorte, TX 77571-4010 pation / Job title (See Instructions)	Employer (See Instructions)	) ()		
_	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: McMahan, Diana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	LaPorte, TX 77571-4010 pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: McMahan, Diana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	LaPorte, TX 77571-4010 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:_ Medley, Thornton  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu Union Rep.	Santa Fe, TX 77510 pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ Medley, Thornton  Contributor address; City; State; Zip Code  Santa Fe, TX 77510			Amount of Contribution (\$)	\$40.00
	Principal occu Union Rep.	pation / Job title (See Instructions)	Employer (See Instructions) USW	<u>(</u>		
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	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: Sch: 38/67 Rpt: 60/112
	FILER NAME State COPE			<b>3</b> Filer ID (Ethics Commission Filers) 00018807
	Date 09/10/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$) \$40.00
8	Principal occu	Santa Fe, TX 77510 pation / Job title (See Instructions) 9	Employer (See Instructions)	)
	Union Rep.  Date  07/09/2024	Full name of contributor out-of-state PAC (ID#: Mims, Pauline Contributor address; City; State; Zip Code  Arlington, TX 76001	USW	Amount of Contribution (\$) \$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Mims, Pauline Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$20.00
	Principal occu	Arlington, TX 76001 pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$20.00
	Principal occu	Pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#: Montemayor, Joe Contributor address; City; State; Zip Code  Kyle, TX 78640	)	Amount of Contribution (\$) \$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains ho	w to complete this f	orm.	1	Total pages Schedule A1: Sch: 39/67 Rpt: 61/112	
2	FILER NAME State COPE				3	Filer ID (Ethics Commission 00018807	Filers)
4	Date 09/09/2024	<ul><li>5 Full name of contributor Montemayor, Joe</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Kyle, TX 78640  pation / Job title (See Instruction	s)	9 Employer (See Instructions	() 		
	Date 07/12/2024	Full name of contributor Montemayor, Lorraine	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
		Contributor address; City; S  Kyle, TX 78640					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date 08/15/2024	Full name of contributor  Montemayor, Lorraine  Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
		Kyle, TX 78640					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date 09/06/2024	Full name of contributor  Montemayor, Lorraine  Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
	Principal occu	Kyle, TX 78640  pation / Job title (See Instruction	s)	Employer (See Instructions	 		
	· 						
	Date 07/09/2024	Full name of contributor  Morris, Micky  Contributor address; City; S		)		Amount of Contribution (\$)	\$20.00
	Principal occu	Dallas, TX 75233	c)	Employer (See Instructions	.) 		
	i iiioipai uccu	nanon / 300 une (366 manuchon	<i>∽,</i>	Employer (See Instructions	')		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 40/67 Rpt: 62/112	
2	FILER NAME State COPE	Fund		3	Filer ID (Ethics Commission 00018807	Filers)
4	Date 08/12/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Dallas, TX 75233 pation / Job title (See Instructions)	Employer (See Instructions	) )		
_	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	Ф20.00
	09/10/2024	Morris, Micky  Contributor address; City; State; Zip Code				\$20.00
	Deinsinal assu	Dallas, TX 75233	Franks on (Cool looks etions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:_Nauls, James  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Missouri City, TX 77489				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 08/12/2024	Full name of contributor  out-of-state PAC (ID#:_ Nauls, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Missouri City, TX 77489 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Nauls, James			Amount of Contribution (\$)	\$20.00
		Contributor address; City; State; Zip Code  Missouri City, TX 77489				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this for	m.	1 Total pages Schedule A1: Sch: 41/67 Rpt: 63/112	
2	FILER NAME State COPE	Fund		3 Filer ID (Ethics Commission 00018807	Filers)
4	Date 07/09/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$)	\$20.00
8	Principal occu	Austin, TX 78741 pation / Job title (See Instructions)	Employer (See Instructions)	5)	
	Date 08/12/2024	Full name of contributor	)	Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78741 pation / Job title (See Instructions)	Employer (See Instructions)	s)	
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: O'Sullivan, John Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78741 pation / Job title (See Instructions)	Employer (See Instructions)	s)	
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Oppenheim, Richard Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$10.00
	Principal occu	San Antonio, TX 78213 pation / Job title (See Instructions)	Employer (See Instructions)	s)	
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#: Oppenheim, Richard Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
	Principal occu	San Antonio, TX 78213 pation / Job title (See Instructions)	Employer (See Instructions)	s)	

	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE A	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 42/67 Rpt: 64/112	
2	FILER NAME State COPE	Fund		3 Filer ID (Ethics Commission Fil 00018807	ers)
4	Date 09/09/2024	<ul> <li>Full name of contributor</li></ul>	)	7 Amount of Contribution (\$)	\$10.00
8	Principal occu	San Antonio, TX 78213 pation / Job title (See Instructions)	Employer (See Instructions)	)	
	Date 07/09/2024	Full name of contributor  out-of-state PAC (ID#: Ormsby, Jeff Contributor address; City; State; Zip Code  Lexington, TX 78947	)	Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Ormsby, Jeff Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Lexington, TX 78947 pation / Job title (See Instructions)	Employer (See Instructions)	)	
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Ormsby, Jeff  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$20.00
	Principal occu	Lexington, TX 78947 pation / Job title (See Instructions)	Employer (See Instructions)	)	
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:Ortiz, Beverly  Contributor address; City; State; Zip Code  Houston, TX 77027	)	Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 43/67 Rpt: 65/112	
2	FILER NAME State COPE	Fund		3	Filer ID (Ethics Commission 00018807	ı Filers)
4	Date 08/12/2024	<ul> <li>Full name of contributor</li></ul>	#:)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Houston, TX 77027 pation / Job title (See Instructions)	9 Employer (See Instructions	  -  s)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID Ortiz, Beverly  Contributor address; City; State; Zip Code  Houston, TX 77027			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID Osobase, Derrick  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78748 pation / Job title (See Instructions)	Employer (See Instructions	  -  s)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID Osobase, Derrick Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78748 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID Osobase, Derrick  Contributor address; City; State; Zip Code  Austin, TX 78748	#:)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
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	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 44/67 Rpt: 66/112	=
2	FILER NAME State COPE	Fund	3	Filer ID (Ethics Commission Filers) 00018807	_
4	Date 07/09/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		Amount of Contribution (\$) \$20.00	)
8	Principal occu	South Houston, TX 77587 pation / Job title (See Instructions)  9 Er	nployer (See Instructions)		_
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$) \$20.00	_
	Principal occu	pation / Job title (See Instructions)	nployer (See Instructions)		_
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Paez, Donna M. Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$20.00	)
	Principal occu	South Houston, TX 77587 pation / Job title (See Instructions)	nployer (See Instructions)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$) \$20.00	-
	Principal occu		nployer (See Instructions)		_
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$20.00	=
	Principal occu	pation / Job title (See Instructions)	nployer (See Instructions)		-

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 45/67 Rpt: 67/112	
2	FILER NAME State COPE	Fund	3	Filer ID (Ethics Commission 00018807	Filers)
4	Date 09/10/2024	<ul> <li>Full name of contributor</li></ul>	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Austin, TX 78748-5240 pation / Job title (See Instructions)  9 Employer (See Instructions)	ons)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:)  Perez-Wiseley, Teresa  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)  Employer (See Instructions)	ons)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:) Perez-Wiseley, Teresa  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)  Employer (See Instructions)	ons)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:) Perez-Wiseley, Teresa  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)  Employer (See Instructions)	ons)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:) Petterway, Artis  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
	Principal occu	Houston, TX 77219 pation / Job title (See Instructions)  Employer (See Instructions)	ons)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 46/67 Rpt: 68/112	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	State COPE	Fund			00018807	
4	Date 07/09/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Ramos, Pauline</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$20.00
		Fort Worth, TX 76133				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
_	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/12/2024	Ramos, Pauline				\$20.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76133				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)	
	09/10/2024	Ramos, Pauline				\$20.00
		Contributor address; City; State; Zip Code		•		
		Fort Worth, TX 76133				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	07/09/2024	Reagan, Joanna E.				\$10.00
		Contributor address; City; State; Zip Code				
		Bullard, TX 75757				
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u>1</u> S)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)	
	08/12/2024	Reagan, Joanna E.				\$10.00
		Contributor address; City; State; Zip Code				
		Bullard, TX 75757				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
			I			

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULE	A1
	The Instru	ction Guide explains how to complete this for	m.	1 Total pages Schedule A1: Sch: 47/67 Rpt: 69/112	
2	FILER NAME State COPE	Fund	:	3 Filer ID (Ethics Commission 00018807	Filers)
4	Date 09/10/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:</li></ul>		7 Amount of Contribution (\$)	\$10.00
8	Principal occu	Bullard, TX 75757 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
	Date 07/09/2024	Full name of contributor	)	Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	) )	
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Riggs, Carolyn P.  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
	Principal occu	Houston, TX 77044-2672 pation / Job title (See Instructions)	Employer (See Instructions)	9	
	- Intolpal cood	patient, cop title (coc metablicite)	Zimpleyer (ede modudeners)	,	
	Date 09/10/2024	Full name of contributor	)	Amount of Contribution (\$)	\$10.00
	Principal occu	Houston, TX 77044-2672 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> 	
	Date 07/12/2024	Full name of contributor out-of-state PAC (ID#: Rocha, Cindy  Contributor address; City; State; Zip Code  Crowley, TX 76036		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	I ;)	
		<b>'</b>			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	l	otal pages Schedule A1: 5ch: 48/67 Rpt: 70/112	
2	FILER NAME			l	iler ID (Ethics Commission 0018807	Filers)
4	Date 07/26/2024	Full name of contributor			mount of Contribution (\$)	\$5.00
		Crowley, TX 76036				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID#:_ Rocha, Cindy Contributor address; City; State; Zip Code		A	mount of Contribution (\$)	\$5.00
	Principal occu	Crowley, TX 76036  upation / Job title (See Instructions)	Employer (See Instructions	:)		
	r illicipai occi	pation / Job title (See instructions)	Employer (See instructions	')		
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID#:_ Rocha, Cindy Contributor address; City; State; Zip Code		A	mount of Contribution (\$)	\$5.00
		Crowley, TX 76036				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_ Rocha, Cindy Contributor address; City; State; Zip Code		A	mount of Contribution (\$)	\$5.00
	Principal occu	Crowley, TX 76036 spation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ Rocha, Cindy Contributor address; City; State; Zip Code Crowley, TX 76036		A	mount of Contribution (\$)	\$5.00
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this form	n.	1 Total pages Schedule A1: Sch: 49/67 Rpt: 71/112	
2	FILER NAME State COPE	Fund	:	3 Filer ID (Ethics Commission 00018807	Filers)
4	Date 07/09/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$)	\$20.00
8	Principal occu	Los Fresnos, TX 78566 pation / Job title (See Instructions)	Employer (See Instructions)	<b>)</b>	
	Date 08/09/2024	Full name of contributor		Amount of Contribution (\$)	\$20.00
	Principal occu	Los Fresnos, TX 78566 pation / Job title (See Instructions)	Employer (See Instructions)	)	
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Rodriguez, Carlos Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Los Fresnos, TX 78566 pation / Job title (See Instructions)	Employer (See Instructions)	)	
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$20.00
	Principal occu	Rusk, TX 75785 pation / Job title (See Instructions)	Employer (See Instructions)	)	
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$20.00
	Principal occu	Rusk, TX 75785 pation / Job title (See Instructions)	Employer (See Instructions)	)	

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 50/67 Rpt: 72/112	
2	FILER NAME State COPE	Fund	3	Filer ID (Ethics Commission 00018807	Filers)
4	Date 09/09/2024	<ul> <li>Full name of contributor</li></ul>	<b>7</b>	Amount of Contribution (\$)	\$20.00
8	Principal occu	Rusk, TX 75785 pation / Job title (See Instructions)  9 Employer (See Instruc	etions)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$10.00
	Principal occu	Del Rio, TX 78840 pation / Job title (See Instructions)  Employer (See Instruc	ctions)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Salgado, Jesus A.  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$10.00
	Principal occu	Del Rio, TX 78840 pation / Job title (See Instructions)  Employer (See Instruc	ctions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$10.00
	Principal occu	Del Rio, TX 78840 pation / Job title (See Instructions)  Employer (See Instruc	ctions)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$20.00
	Principal occu	Corpus Christi, TX 78411 pation / Job title (See Instructions)  Employer (See Instruc	ctions)		

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 51/67 Rpt: 73/112	
2	FILER NAME State COPE		3	Filer ID (Ethics Commission 00018807	ı Filers)
4	Date 08/09/2024	5 Full name of contributor out-of-state PAC (ID#:)  Salinas, Christopher  6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Corpus Christi, TX 78411  pation / Job title (See Instructions)  9 Employer (See Instructions)	<u> </u>		
	Date 09/10/2024	Full name of contributor		Amount of Contribution (\$)	\$20.00
	Principal occu	Corpus Christi, TX 78411  pation / Job title (See Instructions)  Employer (See Instructions)	<u> </u>		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:)  Sanchez, Roy  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Houston, TX 77029  pation / Job title (See Instructions)  Employer (See Instructions)	)		
	Date 08/09/2024	Full name of contributor		Amount of Contribution (\$)	\$20.00
	Principal occu	Houston, TX 77029  pation / Job title (See Instructions)  Employer (See Instructions)	)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:) Sanchez, Roy Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Houston, TX 77029  pation / Job title (See Instructions)  Employer (See Instructions)	)		

	MONET	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDULI	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 52/67 Rpt: 74/112	
2	FILER NAME State COPE	Fund			3	Filer ID (Ethics Commission 00018807	ı Filers)
4	Date 07/09/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (II Schulze, Jeanne M.</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$40.00
_	Delicalization	Flower Mound, TX 75028		Facelouse (One Instruction			
8		pation / Job title (See Instructions) al Protection Specialist	9	Employer (See Instructions US EPA	5)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (II Schulze, Jeanne M.  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$40.00
		Flower Mound, TX 75028			<u> </u>		
			Employer (See Instructions US EPA	5)			
	Date 09/09/2024	Full name of contributor out-of-state PAC (II Schulze, Jeanne M. Contributor address; City; State; Zip Code	D#:	)		Amount of Contribution (\$)	\$40.00
		Flower Mound, TX 75028					
	•	pation / Job title (See Instructions) al Protection Specialist		Employer (See Instructions US EPA	S)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (II Shaw, Richard  Contributor address; City; State; Zip Code  Houston, TX 77043		)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> S)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (II Shaw, Richard  Contributor address; City; State; Zip Code  Houston, TX 77043		)	•	Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.                                    </u>		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE	A1
	The Instru	ction Guide explains how to complete this for	m.	1 Total pages Schedule A1: Sch: 53/67 Rpt: 75/112	
2	FILER NAME State COPE	Fund		3 Filer ID (Ethics Commission 00018807	Filers)
4	Date 09/10/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:</li></ul>		7 Amount of Contribution (\$)	\$20.00
8	Principal occu	Houston, TX 77043 pation / Job title (See Instructions)  9	Employer (See Instructions)	)	
	Date 07/12/2024	Full name of contributor out-of-state PAC (ID#: Sills, Ed Contributor address; City; State; Zip Code  Austin, TX 78759		Amount of Contribution (\$)	\$27.78
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID#: Sills, Ed Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$27.78
	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)	Employer (See Instructions)	)	
	<u>'</u>	,		,	
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#: Sills, Ed  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$27.78
	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)	Employer (See Instructions)	)	
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Singletary, Charlie  Contributor address; City; State; Zip Code  West Columbia, TX 77486		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 54/67 Rpt: 76/112	
2	FILER NAME State COPE	Fund	3	Filer ID (Ethics Commission 00018807	Filers)
4	Date 08/12/2024	<ul> <li>Full name of contributor</li></ul>	7	Amount of Contribution (\$)	\$20.00
8	Dringinal occu	West Columbia, TX 77486 pation / Job title (See Instructions)  9 Employer (See Instruction	e)		
•	Fillicipal occu	Pation 7 300 title (See Instructions)	s) 		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:)  Singletary, Charlie  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	West Columbia, TX 77486  pation / Job title (See Instructions)  Employer (See Instruction	s)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:) Small, Reginald  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Dallas, TX 75232  pation / Job title (See Instructions) Employer (See Instruction	 s)		
	· 		_		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:)  Small, Reginald  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Dallas, TX 75232 Dation / Job title (See Instructions)  Employer (See Instruction	s)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:) Small, Reginald Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Dallas, TX 75232  pation / Job title (See Instructions)  Employer (See Instruction	<u> </u> s)		

	MONET	ARY POLITICAL CONT	RIBUTIONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to com	plete this form.	1	Total pages Schedule A1: Sch: 55/67 Rpt: 77/112	
2	FILER NAME State COPE	Fund		3	Filer ID (Ethics Commission 00018807	n Filers)
4	Date 07/09/2024	<ul> <li>5 Full name of contributor  out-of-Speight, Dennis</li> <li>6 Contributor address; City; State; Zip C</li> </ul>	state PAC (ID#:	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Austin, TX 78739 pation / Job title (See Instructions)	9 Employer (See Instr	uctions)		
	Date 08/09/2024		state PAC (ID#:		Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78739 pation / Job title (See Instructions)	Employer (See Instr	uctions)		
	-	· · · · · · · · · · · · · · · · · · ·				
	Date 07/12/2024	Full name of contributor out-of- Speight, Emily  Contributor address; City; State; Zip C	state PAC (ID#:		Amount of Contribution (\$)	\$20.00
		Austin, TX 78739				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instr	uctions)		
	Date 08/15/2024	Speight, Emily	state PAC (ID#:		Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78739 pation / Job title (See Instructions)	Employer (See Instr	uctions)		
	Date	Full name of contributor out-of-	otata DAC (ID#)	<u>,                                    </u>	Amount of Contribution (\$)	
	09/06/2024	Speight, Emily  Contributor address; City; State; Zip C  Austin, TX 78739	state PAC (ID#:		Amount of Continuation (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instr	uctions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	l	otal pages Schedule A1: Sch: 56/67 Rpt: 78/112	
2	FILER NAME			3 F	iler ID (Ethics Commission	n Filers)
	State COPE	Fund		0	0018807	
4	Date 07/09/2024	<ul> <li>Full name of contributor</li></ul>		<b>7</b> A	smount of Contribution (\$)	\$20.00
		Fort Worth, TX 76109				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_		Α	mount of Contribution (\$)	
	08/09/2024	Suplee, Robert				\$20.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76109				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Α	mount of Contribution (\$)	
	09/09/2024	Suplee, Robert				\$20.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76109				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_		Α	mount of Contribution (\$)	
	07/09/2024	Tanguma, Sylvia				\$20.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Α	mount of Contribution (\$)	
	08/09/2024	Tanguma, Sylvia				\$20.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 57/67 Rpt: 79/112	
2	FILER NAME State COPE	Fund		3	Filer ID (Ethics Commission 00018807	ı Filers)
4	Date 09/09/2024	<ul> <li>Full name of contributor</li></ul>	C (ID#:)	7	Amount of Contribution (\$)	\$20.00
	Delicalization of a con-	Edinburg, TX 78539	la Farelance (On Instruction			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 07/09/2024	Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Beaumont, TX 77705 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 08/12/2024	Full name of contributor	C (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Beaumont, TX 77705 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/10/2024	Full name of contributor out-of-state PA Thomas, Irmalyn Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Beaumont, TX 77705 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 07/12/2024	Full name of contributor  out-of-state PA Thomas, Maria Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu	Pflugerville, TX 78660 pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CON	ITRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to c	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 58/67 Rpt: 80/112	
2	FILER NAME State COPE	Fund			3	Filer ID (Ethics Commission 00018807	Filers)
4	Date 08/15/2024	<ul> <li>5 Full name of contributor  our our Thomas, Maria</li> <li>6 Contributor address; City; State; Zi</li> </ul>	t-of-state PAC (ID#: p Code	)	7	Amount of Contribution (\$)	\$20.00
_	Point in all and	Pflugerville, TX 78660		9 Familia (On Justina)			
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	)		
	Date 09/06/2024	Thomas, Maria Contributor address; City; State; Zi	t-of-state PAC (ID#:_ p Code	)		Amount of Contribution (\$)	\$20.00
	Principal occu	Pflugerville, TX 78660 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 07/09/2024	Thompson, Paul  Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code	)		Amount of Contribution (\$)	\$20.00
	Principal occu	El Paso, TX 79902 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 08/09/2024	Thompson, Paul	t-of-state PAC (ID#: p Code	)		Amount of Contribution (\$)	\$20.00
	Principal occu	El Paso, TX 79902 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/09/2024	Full name of contributor ou Thompson, Paul  Contributor address; City; State; Zi  El Paso, TX 79902	t-of-state PAC (ID#:_ p Code			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 59/67 Rpt: 81/112	
2	FILER NAME State COPE			3	Filer ID (Ethics Commission 00018807	n Filers)
4	Date 07/09/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$10.00
		New Braunfels, TX 78132				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ Thompson-Lutz, Katherine  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu	New Braunfels, TX 78132  upation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Thompson-Lutz, Katherine Contributor address; City; State; Zip Code  New Braunfels, TX 78132			Amount of Contribution (\$)	\$10.00
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:_ Tilley, Earnest Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Forney, TX 75126  Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Tilley, Earnest Contributor address; City; State; Zip Code  Forney, TX 75126			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.		otal pages Schedule A1: Sch: 60/67 Rpt: 82/112	
2	FILER NAME State COPE	Fund			Filer ID (Ethics Commission 00018807	Filers)
4	Date 09/10/2024	<ul> <li>Full name of contributor</li></ul>		<b>7</b> A	Amount of Contribution (\$)	\$20.00
8	Principal occu	Forney, TX 75126 pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Tiner, Kirk  Contributor address; City; State; Zip Code  Arlington, TX 76017		-	Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Tiner, Kirk  Contributor address; City; State; Zip Code	)	P	nmount of Contribution (\$)	\$20.00
	Principal occu	Arlington, TX 76017 pation / Job title (See Instructions)	Employer (See Instructions)	)		
		patient, cos atte (cos meneralis)		,		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Tiner, Kirk  Contributor address; City; State; Zip Code		P	Amount of Contribution (\$)	\$20.00
	Principal occu	Arlington, TX 76017 pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Torres, Jose Cruz  Contributor address; City; State; Zip Code  Houston, TX 77011	)	P	Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		

	MONET	ARY POLITICAL (	ONS		SCHEDUL	E <b>A1</b>	
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 61/67 Rpt: 83/112	
2	FILER NAME State COPE	Fund			3	Filer ID (Ethics Commissio 00018807	n Filers)
	Date 08/12/2024	<ul><li>5 Full name of contributor Torres, Jose Cruz</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Houston, TX 77011 pation / Job title (See Instructions	s)	9 Employer (See Instructions	<u> </u> ;)		
	Date 09/10/2024	Full name of contributor Torres, Jose Cruz Contributor address; City; S Houston, TX 77011	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> 5)		
	Date 08/28/2024	Full name of contributor Tucker, Clark Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	Chandler, TX 75758-7309 pation / Job title (See Instructions		Employer (See Instructions	<u> </u> 5)		
	Date 07/26/2024	Full name of contributor Tucker, Pat Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	Tyler, TX 75701 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> ;)		
	Date 07/09/2024	Full name of contributor Turner, Tyler Contributor address; City; S Aledo, TX 76008				Amount of Contribution (\$)	\$40.00
	Principal occu Business Ma	pation / Job title (See Instructions anager	5)	Employer (See Instructions OPEIU 277	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to	o complete this form	m.	1	Total pages Schedule A1: Sch: 62/67 Rpt: 84/112	
2	FILER NAME State COPE	Fund			3	Filer ID (Ethics Commission 00018807	Filers)
4	Date 08/09/2024	<ul><li>5 Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$40.00
0	Principal occu	Aledo, TX 76008	la la	Employer (See Instructions	·/		
8	Business Ma	pation / Job title (See Instructions) unager	9	Employer (See Instructions OPEIU 277	•)		
	Date 09/09/2024	Full name of contributor  Turner, Tyler  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$40.00
	Principal occu	Aledo, TX 76008 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Business Manager			OPEIU 277			
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:)  Upton, Mark  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00	
		Arlington, TX 76012					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 07/09/2024	Full name of contributor  Vargas, Christina  Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu	El Paso, TX 79930 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 08/09/2024	Full name of contributor  Vargas, Christina  Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Dringing!	El Paso, TX 79930 pation / Job title (See Instructions)	i	Employer (See Instructions	·,		
	rincipal occu	panon / Job lille (See ITISTRICTIONS)		Employer (See Instructions	)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 63/67 Rpt: 85/112		
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)	
	State COPE	Fund			00018807		
4	Date 09/09/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$20.00	
		El Paso, TX 79930					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)		
	07/09/2024	Vera, Nancy				\$20.00	
		Contributor address; City; State; Zip Code					
		Corpus Christi, TX 78415					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)		
	08/12/2024	Vera, Nancy				\$20.00	
		Contributor address; City; State; Zip Code					
		Corpus Christi, TX 78415					
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)		
	09/10/2024	Vera, Nancy				\$20.00	
		Contributor address; City; State; Zip Code					
		Corpus Christi, TX 78415					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)		
	07/09/2024	Villarreal, Carlos				\$20.00	
		Contributor address; City; State; Zip Code					
		Houston, TX 77049					
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)			

MONETARY POLITICAL CONTRIBUTIONS						E <b>A1</b>	
	The Instruction Guide explains how to complete this form.			orm.	1	Total pages Schedule A1: Sch: 64/67 Rpt: 86/112	
2	FILER NAME State COPE Fund			3	Filer ID (Ethics Commission 00018807	ı Filers)	
4	Date 08/12/2024			7	Amount of Contribution (\$)	\$20.00	
8	Principal occu	Houston, TX 77049 pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:)  09/10/2024 Villarreal, Carlos  Contributor address; City; State; Zip Code  Houston, TX 77049				Amount of Contribution (\$)	\$20.00	
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Employer (See Instructions	5)			
	Date 07/08/2024	Full name of contributor out-of-state Warwick III, Price Contributor address; City; State; Zip Code	e PAC (ID#:_			Amount of Contribution (\$)	\$40.00
	Principal occu	Arlington, TX 76018 pation / Job title (See Instructions)		Employer (See Instructions	.)		
	Union Rep.			IBEW Local 20	,		
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$40.00	
Arlington, TX 76018  Principal occupation / Job title (See Instructions)  Union Rep.  Employer (See Instructions)  IBEW Local 20		Employer (See Instructions	<u> </u>				
	Date Full name of contributor out-of-state PAC (ID#:)  09/08/2024 Warwick III, Price  Contributor address; City; State; Zip Code  Arlington, TX 76018			Amount of Contribution (\$)	\$40.00		
	Principal occu Union Rep.	pation / Job title (See Instructions)		Employer (See Instructions IBEW Local 20	)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			orm.	1	Total pages Schedule A1: Sch: 65/67 Rpt: 87/112	
2	FILER NAME State COPE Fund			3	Filer ID (Ethics Commission 00018807	Filers)	
4	Date 07/09/2024			)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Richmond, TX 77469 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	)		
_	Date		out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	08/12/2024	Washenfelder, Karrie  Contributor address; City; State;					\$20.00
	Principal occu	Richmond, TX 77469		Employer (See Instructions			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)							
	Date 09/10/2024	Full name of contributor  Washenfelder, Karrie  Contributor address; City; State;	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$20.00
		Richmond, TX 77469					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 07/09/2024	Full name of contributor Whitaker, Charles Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$20.00
Terrell, TX 75160  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Employer (See Instructions	)				
	Date 08/12/2024	Full name of contributor Whitaker, Charles Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$20.00
	Principal occu	Terrell, TX 75160 pation / Job title (See Instructions)	ı	Employer (See Instructions			
	i iiicipai occu	pation / Job title (Jee Histractions)		Employer (See instructions	)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 66/67 Rpt: 88/112		
2	FILER NAME State COPE Fund			3	Filer ID (Ethics Commission 00018807	Filers)	
4	Date 09/10/2024			7	Amount of Contribution (\$)	\$20.00	
8	Principal occu	Terrell, TX 75160 pation / Job title (See Instructions)	9 Employer (See Instructions	.)			
_	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#			Amount of Contribution (\$)	\$10.00	
	0170072021	Contributor address; City; State; Zip Code				410.00	
	Principal occu	Houston, TX 77028 pation / Job title (See Instructions)	Employer (See Instructions	:)			
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID# Wiltz, Debbie Contributor address; City; State; Zip Code	÷:)		Amount of Contribution (\$)	\$10.00	
		Houston, TX 77028					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID# Wiltz, Debbie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
	Houston, TX 77028  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Employer (See Instructions	5)			
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#	<u> </u>		Amount of Contribution (\$)	\$40.00	
		Contributor address; City; State; Zip Code  Granbury, TX 76049					
		pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
Business Manager IBEW Local 220							

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			orm.	1	Total pages Schedule A1: Sch: 67/67 Rpt: 89/112	
2	FILER NAME State COPE	FILER NAME State COPE Fund			3	Filer ID (Ethics Commission 00018807	Filers)
4	Date 08/12/2024			7	Amount of Contribution (\$)	\$40.00	
8	Principal occu	Granbury, TX 76049 pation / Job title (See Instructions	)	9 Employer (See Instructions	 ;)		
	Business Ma		,	IBEW Local 220	,		
	Date Full name of contributor out-of-state PAC (ID#:) 09/10/2024 Worthey, Joshua  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$40.00	
	Granbury, TX 76049		Employer (See Instructions	<u>'</u>			
	Principal occupation / Job title (See Instructions) Employer (See Instructions)  Business Manager IBEW Local 220			·)			
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$20.00	
		Austin, TX 78748-5038					
Principal occupation / Job title (See Instructions)  Employer (See In		Employer (See Instructions	5)				
	Date 08/12/2024	Full name of contributor Young, W. R.  Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$20.00
Austin, TX 78748-5038  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Employer (See Instructions	<u> </u> 5)				
	Date Full name of contributor out-of-state PAC (ID#:)  09/10/2024 Young, W. R.  Contributor address; City; State; Zip Code  Austin, TX 78748-5038			Amount of Contribution (\$)	\$20.00		
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u>1                                    </u>		

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule C4: Sch: 1/1 Rpt: 90/112		
2	FILER NAME State COPE	Fund	3	Filer ID 00018807	(Ethics Commission Filers)	
4	Date 07/09/2024	5 Corporation / Labor Organization name Texas AFL-CIO	6	Amount (\$)		71.10
	Date 09/13/2024	Corporation / Labor Organization name Texas AFL-CIO		Amount (\$)		40.63

### SCHEDULE F1

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

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/21 Rpt: 91/112	State COPE Fund  O0018807
4 Date	5 Payee name
08/28/2024	Adrienne Bell Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	3519 E Walnut #3465
Expenditure from corporate funds	Pearland, TX 77588
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Contribution, HD 29
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/16/2024	Aicha Davis Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	608 Tara Dr.
φ500.00	000 Tala DI.
Expenditure from	
corporate funds	DeSoto, TX 75115
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution, HD 109
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/28/2024	Ann Johnson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P O Box 56386
Expenditure from corporate funds	Houston, TX 77256-6386
PURPOSE	I ma
OF	
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense
	Campaign Contribution, HD 134
	Sampaigh Solidisation, 115 15 1
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/OI	1

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Folling Expense
Printing Expense
Salaries/Wangs/Contract Labor

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 2/21 Rpt: 92/112	State COPE Fund 00018807
4 Date	5 Payee name
08/28/2024	Armando Martinez Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P. O. Box 1651
Expenditure from corporate funds	Weslaco, TX 78599
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution, HD 39
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/28/2024	Averie Bishop Campaign
Amount (\$)	
\$500.00	819 W Arapaho #233
Expenditure from	
corporate funds	Richardson, TX 75080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution, HD 112
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
08/28/2024	Carol Alvarado for Senate
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 230842
Expenditure from	
corporate funds	Houston, TX 77223
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution, SD 6
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHEP (expense a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	s)
Sch: 3/21 Rpt: 93/112	State COPE Fund 00018807	
4 Date	5 Payee name	
08/28/2024	Chase West Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	1506 Grand Junction Dr.	
Expenditure from corporate funds	Katy, TX 77450	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign Contribution, HD 132	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
08/28/2024	Chris Turner Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
` '		
\$500.00	P. O. Box 182093	
Expenditure from		
corporate funds	Arlington, TX 76096	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By	
EXPENDITURE	Contributions/Donations indue By  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense	
	Campaign Contribution, HD 101	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
08/28/2024	Christine Weems for Judge	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	1300 McGowen Street	
\$1,000.00	1300 MCGOWEIT Street	
Expenditure from		
corporate funds	Houston, TX 77004	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Campaign Contribution, Supreme Court, Place 4	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
İ		

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 4/21 Rpt: 94/112	State COPE Fund  00018807
4 Date	5 Payee name
08/28/2024	Chuck Crews Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 7010
Expenditure from corporate funds	Baytown, TX 77522
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
	Campaign Contribution, HD 128
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/28/2024	Cody Grace Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 9492
Expenditure from corporate funds	Tyler, TX 75711
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Contribution, Fib 0
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/28/2024	DaSean Jones for Judge
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2450 Louisiana St. Ste. 400 Box 506
Expenditure from corporate funds	Houston, TX 77006
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
	Campaign Contribution, Supreme Court, Place 2
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 5/21 Rpt: 95/112	State COPE Fund 00018807
	State COPE Fullu 00010007
4 Date	5 Payee name
08/28/2024	Daniel Lee Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	1305 Prairie St. Ste. 300
Expenditure from	Houston, TX 77002
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Campaign Contribution, HD 26
	Campaign Continuation, 115 25
O Compulate ONLY if diseast	Condidate/Office helder name Office accepts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/28/2024	Dawn Richardson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 690523
4000.00	
Expenditure from	William TV 70540
corporate funds	Killeen, TX 76549
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
	Campaigh Contribution, HD 34
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	'
Date	Payee name
08/28/2024	Dee Howard Mullins Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 1169
Ψ300.00	· ··· ···
Expenditure from	Human ille TV 77040
corporate funds	Huntsville, TX 77340
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution, HD 12
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

### SCHEDULE F1

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/21 Rpt: 96/112	State COPE Fund 00018807
4 Date	5 Payee name
08/28/2024	Denise Wilkerson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 14332
- Evnanditura from	
Expenditure from corporate funds	Arlington, TX 76094
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  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee
	Candidate/Officeholder/Political Committee Campaign Contribution, HD 94
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/28/2024	Desiree Venable Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	120 Meadowood Drive
4000.00	
Expenditure from corporate funds	Bastrop, TX 78602
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Campaign Contribution, HD 17
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/28/2024	Detrick Deburr Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	2900 Painted Lake Circle
Ψ000.00	2000 Familion Editor Official
Expenditure from corporate funds	The Colony, TX 75056
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 Campaign Contribution, HD 65
	Campaign Contribution, 11D 03
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/21 Rpt: 97/112	State COPE Fund 00018807
4 Date	5 Payee name
08/28/2024	Ebony Turner Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 923
Expenditure from corporate funds	Mansfield, TX 76093
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution, HD 96
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/28/2024	Eddie Morales Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	352 Hillcrest Blvd
Expenditure from corporate funds	Eagle Pass, TX 78852
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution, HD 74
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
08/28/2024	Erin Shank Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1902 Austin Ave.
Expenditure from corporate funds	Waco, TX 76701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution, HD 56
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 8/21 Rpt: 98/112	State COPE Fund 00018807
4 Date	5 Payee name
09/16/2024	Fair Shot Texas PAC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$50,000.00	PO Box 12727
Expenditure from	
corporate funds	Austin, TX 78711-2727
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/28/2024	Fred Medina Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	216 N. Bryan Ave. Suite 210
4000.00	210 M. Bryan / Wo. Gallo 210
Expenditure from corporate funds	Bryan, TX 77803
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 Campaign Contribution, HD 14
	Campaign Contribution, ND 14
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/28/2024	George King Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 411
Expenditure from corporate funds	Addison, TX 75001
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.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution, SBOE District 12
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/21 Rpt: 99/112	State COPE Fund 00018807
4 Date	5 Payee name
08/28/2024	Holly Taylor Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1101 W 34th St. #119
Expenditure from corporate funds	Austin, TX 78705
8 PURPOSE	(a) Cotagon:
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution, Court of Criminal Appeals,
	Presiding Judge
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete ONLY if direct expenditure to benefit C/Ol	
Date	Payee name
08/28/2024	Hubert Vo Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	11360 Bellaire Blvd. Ste. 880
\$500.00	11300 Bellaire Bivu. Ste. 880
Expenditure from	
corporate funds	Houston, TX 77072
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution, HD 149
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
08/28/2024	Jai Daggett Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	11601 Shadow Creek Parkway
Evpanditura from	
Expenditure from corporate funds	Pearland, TX 77584
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution, HD 25
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

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

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: 10/21 Rpt:	State COPE Fund 00018807
4 Date	5 Payee name
08/28/2024	Jennifer Lee Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 1916
Expenditure from corporate funds	Temple, TX 76503
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution, HD 55
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
08/28/2024	John Bryant Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 140977
Expenditure from corporate funds	Dallas, TX 75214
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign Contribution, HD 114
	Campaigh Contribution, ND 114
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
08/28/2024	John Bucy Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 536
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution, HD 136
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/21 Rpt:	State COPE Fund 00018807
4 Date	5 Payee name
08/28/2024	Jolanda Jones Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	10709 Marsha Lane
Expenditure from corporate funds	Houston, TX 77024
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution, HD 147
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>
Date	Payee name
08/28/2024	Justice Bonnie Lee Goldstein Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2121 N Pearl St. Ste. 210
Expenditure from	Mail Box No. 1
corporate funds	Dallas, TX 75201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution, Supreme Court, Place 6
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to better 6/01	<u> </u>
Date	Payee name
08/28/2024	Katherine Culbert Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1919 Taylor St Suite F #1670
•	
Expenditure from corporate funds	Houston, TX 77007
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution, Railroad Commissioner
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/21 Rpt:	State COPE Fund 00018807
4 Date	5 Payee name
09/16/2024	Katherine Culbert Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1919 Taylor St Suite F #1670
Expenditure from corporate funds	Houston, TX 77007
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution, Railroad Commissioner
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/28/2024	Kathy Cheng Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 27397
Expenditure from corporate funds	Houston, TX 77227
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution, SD 17
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/28/2024	Kristen Washington Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 570
4000.00	
Expenditure from corporate funds	Greenville, TX 75403
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution, HD 2
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card F dyment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/21 Rpt:	State COPE Fund	00018807
4 Date	5 Payee name	
08/27/2024	Kristian Carranza Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$500.00	P.O. Box 831436	
Expenditure from corporate funds	San Antonio, TX 78283	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Onicenoide//Political Committee	Campaign Contribution, HD 118
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/O		
Date	Payee name	
08/28/2024	Payee name Laurel Jordan Swift Campaign	
	1 0	
Amount (\$)	Payee address; City; State; Zip C	oue
\$500.00	7627 Woodridge Dr	
Expenditure from corporate funds	San Antonio, TX 78209	
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	Campaign Contribution HD 121
		Campaign Contribution, HD 121
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O		dgrit Onice neid
Date	Payee name	
08/28/2024	Linda Garcia Campaign	
Amount (\$)	Payee address; City; State; Zip C	ode
\$500.00	609 N Ebrite Ste. 107-1003	
Expenditure from		
corporate funds	Mesquite, TX 75149	
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	Compaign Contribution LID 107
		Campaign Contribution, HD 107
Complete CAU V & dis+	Condidate /Office helder name	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
, , , , , , , , , , , , , , , , , , , ,		
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### SCHEDULE F1

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

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

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

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

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/21 Rpt:	State COPE Fund 00018807
4 Date	5 Payee name
07/02/2024	MC/V Elavon
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$32.68	7300 Chapman Hwy
Expenditure from corporate funds	Knoxville, TN 37920
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
_, _, _, _, _, _, _, _, _, _, _, _, _, _	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	
Date	Payee name
08/02/2024	MC/V Elavon
Amount (\$)	Payee address; City; State; Zip Code
\$30.06	7300 Chapman Hwy
,,,,,,,	
Expenditure from corporate funds	Knoxville, TN 37920
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	
Date	Payee name
09/03/2024	MC/V Elavon
Amount (\$)	Payee address; City; State; Zip Code
\$28.12	7300 Chapman Hwy
Ψ20.12	7300 Chapman riwy
Expenditure from corporate funds	Knoxville, TN 37920
	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

Travel in Distri Travel Out of E OTHER (enter

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

Credit Card F dyment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 15/21 Rpt:	State COPE Fund	00018807
4 Date	5 Payee name	-
08/28/2024	Marisa Perez-Diaz Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le
\$500.00	P.O. Box 701342	
Expenditure from corporate funds	San Antonio, TX 78270	
8 PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign Contribution, SBOE District 3
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	7	
Date	Payee name	
08/28/2024	Marisela Jimenez Campaign	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$500.00	3530 Peachstone Pl.	
Expenditure from corporate funds	Spring, TX 77389	
PURPOSE		(b) Description
OF SYSTEMS	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign Contribution, HD 150
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
experience to benefit even	•	
Date	Payee name	
08/28/2024	Merrie Fox Campaign	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$1,000.00	PO Box 311131	
— Foresaditus from		
Expenditure from corporate funds	New Braunfels, TX 78131	
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.
EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign Contribution, SD 25
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
SAPORALIZATO TO BOTTONE O/OI	•	

### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/21 Rpt:	State COPE Fund 00018807
4 Date	5 Payee name
08/28/2024	Mihaela Elisabeth Plesa Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 796311
Expenditure from corporate funds	Dallas, TX 75248
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
	Campaign Contribution, HD 70
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/28/2024	Molly Cook Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 667238
Expenditure from corporate funds	Houston, TX 77266
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Contribution, SD 15
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/28/2024	Morgan Kirkpatrick Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 65409
Expenditure from corporate funds	Lubbock, TX 79464
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution, SBOE District 15
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H

#### SCHEDULE F1

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 17/21 Rpt:	State COPE Fund 00018807
4 Date	5 Payee name
08/28/2024	Morgan LaMantia Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1324 E Madison Ave.
Expenditure from corporate funds	Brownsville, TX 78520
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Contribution, 3D 21
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/28/2024	Penny Morales Shaw Campaign
	, ,
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 925991
Expenditure from corporate funds	Houston, TX 77292
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution, HD 148
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Data	Development
Date	Payee name
08/28/2024	Perla Bojorquez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 79503
Expenditure from corporate funds	Saginaw, TX 76179
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By   Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution, HD 93
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-1

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 18/21 Rpt: State COPE Fund 00018807 4 Date Payee name 08/28/2024 Philip Cortez Campaign 6 Amount (\$) Payee address; State; Zip Code \$500.00 7919 Liberty Island Expenditure from San Antonio, TX 78227 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution, HD 117 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/28/2024 Rachel Mello Campaign Amount (\$) Payee address; City; State; Zip Code \$1,000.00 2600 Chamberlain Dr. Expenditure from Plano, TX 75023 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution, SD 8 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/17/2024 Raquel Saenz Ortiz Campaign Amount (\$) Payee address: City: State; Zip Code \$500.00 406 River Down Rd. Expenditure from corporate funds Georgetown, TX 78626 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution, SBOE, District 10 Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

#### SCHEDULE F1

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

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

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

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

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 19/21 Rpt: State COPE Fund 00018807 4 Date Payee name 08/28/2024 Rayna Glasser Campaign 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 PO Box 10741 Expenditure from Fort Worth, TX 76114 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution, SBOE District 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/28/2024 Rhetta Bowers Campaign Amount (\$) Payee address; City; State; Zip Code \$500.00 3526 Lakeview Pkwy, Ste. B #211 Expenditure from Rowlett, TX 75088 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution, HD 113 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/28/2024 Sarah Smith Campaign Amount (\$) Payee address: City: State; Zip Code \$500.00 134 Vintage Park Blvd. Ste. A-615 Expenditure from Houston, TX 77070 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution, HD 126 Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

### SCHEDULE F1

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 20/21 Rpt:	State COPE Fund 00018807
4 Date	5 Payee name
08/28/2024	Sheryl Cole Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 41
Expenditure from corporate funds	Austin, TX 78767
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
	Campaign Contribution, HD 46
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/28/2024	Stephanie Draper Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	539 W Commerce St. Ste. 4187
Expenditure from corporate funds	Dallas, TX 75208
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution, SD 12
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/28/2024	Stephanie Morales Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1919 Shadow Bend Dr.
Expenditure from corporate funds	Houston, TX 77043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EM EMBITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution, HD 138
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 21/21 Rpt:	State COPE Fund 00018807					
4 Date	5 Payee name					
08/28/2024	Terry Meza Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$500.00	PO Box 155076					
Expenditure from						
corporate funds	Irving, TX 75015					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	Candidate/Officeholder/Political Committee Campaign Contribution, HD 105					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Payee name					
08/28/2024	Trey Martinez Fischer Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	104 Babcock Road Suite 107					
Expenditure from						
corporate funds	San Antonio, TX 78201					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	Candidate/Officeholder/Political Committee Campaign Contribution, HD 116					
	Sampaigh Solidisation, 115 115					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	<b>o</b>					
Date	Payee name					
08/28/2024	Vikki Goodwin Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	9901 Brodie Ln Ste. 160-315					
Evponditure from						
Expenditure from corporate funds	Austin, TX 78748					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Contributions/Donations Made By  Contributions/Contributions/Donations Made By  Contributions/Contributi					
	Candidate/Officeholder/Political Committee					
	Sampaign Contribution, 115 47					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	·					

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

## SCHEDULE K

2 FILER N	NAME COPE F		1	ntal nage	o Cobodulo I/	
<ul><li>2 FILER N</li><li>State C</li><li>4 Date</li></ul>	NAME COPE F		The Instruction Guide explains how to complete this form.  1 Total p Sch: 1			
State C 4 Date	COPE F 2024	und				
4 Date	2024		2 FILER NAME 3 FIIER ID State COPE Fund 00018			sion Filers)
	2024				Amount (\$)	
03/13/2		Aicha Davis Campaign		ľ	Amount (Φ)	\$500.00
	ا ا	Address of person from whom amount is received; City; State; Zip Code				4000.00
		Address of person from whom amount is received, "City, Catte, 21p Code"				
	L	DeSoto, TX 75115				
	7 Purpose for which amount is received   X Check if political cor				tion returned to	filer
		lost check dated 2/20/24				
Date		Name of person from whom amount is received			Amount (\$)	
09/16/2	2024	Henry Arturo Campaign				\$500.00
		Address of person from whom amount is received; City; State; Zip Code				
		Tomball, TX 77375				
	-		olitical	contribu	tion returned to	filer
		lost check dated 2/20/24				
Date	i	Name of person from whom amount is received			Amount (\$)	
09/16/2	2024	Katherine Culbert Campaign				\$1,000.00
	Address of person from whom amount is received; City; State; Zip Code					
		Houston, TX 77007				
	Purpose for which amount is received   X Check if political cor			contribu	tion returned to	filer
	lost check dated 8/28/24					ilici
Date		Name of person from whom amount is received			Amount (\$)	
09/16/2	2024	Nasir Malik Campaign			(.,	\$1,000.00
	Address of person from whom amount is received; City; State; Zip Code					
	I	Spring, TX 77379				
			-11411		tion returned to	£1