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) 00053715 3 COMMITTEE NAME **OFFICE USE ONLY** Annie's List Date Received **ELECTRONICALLY FILED** 10/07/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 303277 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78703 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Piper NAME NICKNAME LAST **SUFFIX** Stege Nelson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3206 Harris Park Ave. STREET **ADDRESS** (Residence or Business) Austin, TX 78705 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3206 Harris Park Ave. MAILING **ADDRESS** Austin, TX 78705 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 812-0554 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 Runoff Other Primary 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) |
|---|---|---|----------------|----------------------------|
| Annie's List | | | 00053715 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Laurel Jordan Swift State Rep | resentative | |
| (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 N | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 57,107.06 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZE | D POLITICAL EXPENDITURES | \$ | 1,202.61 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 186,188.99 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD | DAY \$ | 256,370.47 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | HE \$ | 0.00 |
| 16 AFFIDAVIT | | | <u> </u> | |
| | | I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code. | | |
| | | Piper Ste | ge Nelson | |
| | | Signature of Can | npaign Treasu | rer |
| AFFIX NOTAF | RY STAMP / SEAL ABOVE | | | |
| Sworn to and subscribe | ed before me, by the said _ | , th | is the | day |
| of | , 20, to certify | which, witness my hand and seal of office. | | |
| Signature of officer a | administering oath | Printed name of officer administering oath | Title of offic | eer administering oath |
| | | | | |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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| | | | | Page 3 01 156 |
|--|--|---|--|---|
| | | _ | 13 Filer ID | (Ethics Commission Filers) |
| | | | 00053715 | |
| 1. Candidates (Identify by name or, if applicable, classify by party.) | | Kristian Carranza State Repres | entative | |
| | 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.) | | | | |
| Candidates | | Elizabeth Ginsberg State Repre | esentative | |
| (Identify by name or, if applicable, classify by party.) | | | | |
| | B. Opposed | | | |
| 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | B. Opposed | | | |
| 3. Officeholders Assisted | | | | |
| applicable, classify by party.) | | | | |
| | | | | |
| | (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if | (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (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.) B. Opposed 2. Measures (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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Elizabeth Ginsberg State Representation of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed | 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Elizabeth Ginsberg State Representative B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed B. Opposed |

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

| | | | | 4 of 156 |
|------------|--|--------------|-------------|------------------|
| 17 COMMITT | EE NAME | 18 Filer ID | (Ethics Cor | mmission Filers) |
| Annie's L | ist | 00053715 | | |
| 19 SCHEDUL | E SUBTOTALS | | Π | |
| NAME OF | SCHEDULE | | SUBT | OTAL AMOUNT |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 57,107.06 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | PR | \$ | |
| 5. | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION | ATION OR | \$ | |
| 6. | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ | |
| 7. | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | |
| 8. | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ | |
| 9. | SCHEDULE E: LOANS | | \$ | |
| 10. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | S | \$ | 158,258.13 |
| 11. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 12. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 13. X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 27,930.86 |
| 14. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 15. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER | RETURNED | \$ | |
| | | | | |

| | MONET | ARY POLITICAL CONTRIBU | JTIONS | | SCHEDUL | E A1 |
|---|-------------------------------|--|--------------------------|--------|---|-------------|
| | The Instru | ction Guide explains how to complete | this form. | 1 | Total pages Schedule A1: Sch: 1/107 Rpt: 5/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commissio 00053715 | n Filers) |
| 4 | Date 07/25/2024 | 5 Full name of contributor out-of-state PAG Aberly, Suzanne (Ms.) 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Dallas, TX 75219-5543 | | | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions) d | 9 Employer (See Instruct | tions) | | |
| | Date 08/27/2024 | Full name of contributor out-of-state PAG Aberly, Suzanne (Ms.) Contributor address; City; State; Zip Code Dallas, TX 75219-5543 | C (ID#:) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | tions) | | |
| | Date 09/11/2024 | Full name of contributor out-of-state PAG Aberly, Suzanne (Ms.) Contributor address; City; State; Zip Code | C (ID#:) |) | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Not Employe | Dallas, TX 75219-5543 Dation / Job title (See Instructions) d | Employer (See Instruct | tions) | | |
| | Date 09/11/2024 | Full name of contributor out-of-state PAR Aberly, Suzanne (Ms.) Contributor address; City; State; Zip Code Dallas, TX 75219-5543 | C (ID#:) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instruct | tions) | | |
| | Date 08/02/2024 | Full name of contributor out-of-state PAG Adams, Susan Contributor address; City; State; Zip Code Torrance, CA 90501-5514 | C (ID#:) |) | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instruct | tions) | | |
| | | | · | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULE | ■ A1 |
|---|-------------------------------|---|----------------------------|---|---|-------------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 2/107 Rpt: 6/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 09/01/2024 | Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$10.00 |
| | | Torrance, CA 90501-5514 | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/05/2024 | Full name of contributor out-of-state PAC (ID#: Aden, Marilyn Contributor address; City; State; Zip Code New Braunfels, TX 78130-7960 | | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/05/2024 | Full name of contributor out-of-state PAC (ID#: Aden, Marilyn Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$15.00 |
| | | New Braunfels, TX 78130-7960 | | | | |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 09/05/2024 | Full name of contributor out-of-state PAC (ID#:Aden, Marilyn Contributor address; City; State; Zip Code New Braunfels, TX 78130-7960 | | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/24/2024 | Full name of contributor out-of-state PAC (ID#: Alanen, Dennis Contributor address; City; State; Zip Code Roseville, MN 55113-1214 | | | Amount of Contribution (\$) | \$2.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
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| | MONET | ARY POLITICAL CONTRIBUTION | DNS | | SCHEDULE | ■ A1 |
|---|-------------------------------|---|------------------------------|----|---|-------------|
| | The Instruc | etion Guide explains how to complete this t | form. | 1 | Total pages Schedule A1: Sch: 3/107 Rpt: 7/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 09/09/2024 | Full name of contributor | _ | 7 | Amount of Contribution (\$) | \$10.00 |
| | | San Antonio, TX 78240-2053 | 1 | | | |
| 8 | Principal occup Not Employe | oation / Job title (See Instructions) d | 9 Employer (See Instructions | s) | | |
| | Date 09/05/2024 | Full name of contributor out-of-state PAC (ID#: Alaniz, Linda Contributor address; City; State; Zip Code San Antonio, TX 78240-2590 | | • | Amount of Contribution (\$) | \$25.00 |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Self employe | | | _ | | |
| | Date 07/28/2024 | Full name of contributor out-of-state PAC (ID#: Alexander, Stacy Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$40.00 |
| | | Austin, TX 78703-4157 | | | | |
| | Principal occu Not employe | oation / Job title (See Instructions) d | Employer (See Instructions | 5) | | |
| | Date 08/28/2024 | Full name of contributor out-of-state PAC (ID#: Alexander, Stacy Contributor address; City; State; Zip Code Austin, TX 78703-4157 | | • | Amount of Contribution (\$) | \$40.00 |
| | Principal occu Not employe | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/30/2024 | Full name of contributor out-of-state PAC (ID#: Anderson, Sarah Contributor address; City; State; Zip Code Frisco, TX 75036-0166 | | • | Amount of Contribution (\$) | \$5.00 |
| | Principal occup Developmen | oation / Job title (See Instructions) : Coordinator | Employer (See Instructions | 5) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CO | NTRIBUTION | IS | | SCHEDULE | A1 |
|---|-------------------------------|--|--------------------------------------|----------------------------|----------------|---|---------|
| | The Instru | ction Guide explains how to | complete this for | m. | 1 | Total pages Schedule A1: Sch: 4/107 Rpt: 8/156 | |
| 2 | FILER NAME Annie's List | | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/30/2024 | 5 Full name of contributor Anderson, Sarah6 Contributor address; City; State | | | 7 | Amount of Contribution (\$) | \$5.00 |
| | | Frisco, TX 75036-0166 | | | | | |
| 8 | | pation / Job title (See Instructions) t Coordinator | 9 | Employer (See Instructions | s) | | |
| | Date 07/14/2024 | Full name of contributor Ashworth, Susan (Mrs.) Contributor address; City; State Austin, TX 78746-4613 | out-of-state PAC (ID#: ; Zip Code | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not employe | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> 5) | | |
| | Date 08/14/2024 | Full name of contributor Ashworth, Susan (Mrs.) Contributor address; City; State | out-of-state PAC (ID#: ; Zip Code | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu | Austin, TX 78746-4613 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> 5) | | |
| | Date 09/14/2024 | Full name of contributor Ashworth, Susan (Mrs.) Contributor address; City; State Austin, TX 78746-4613 | |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not employe | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 07/18/2024 | Full name of contributor Babb, Ann Contributor address; City; State Oaklyn, NJ 08107-1922 | out-of-state PAC (ID#: ; Zip Code |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | <u> </u> | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDUL | E A1 |
|---|---------------------------------|--|----------------------------|---|---|-------------|
| | The Instruc | ction Guide explains how to complete this for | rm. | 1 | Total pages Schedule A1: Sch: 5/107 Rpt: 9/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 08/18/2024 | Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$5.00 |
| | | Oaklyn, NJ 08107-1922 | | | | |
| 8 | Principal occu Not Employe | | Employer (See Instructions |) | | |
| | Date 09/18/2024 | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/28/2024 | Full name of contributor out-of-state PAC (ID#: Bagwell, Inelle Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | Austin, TX 78723-5396 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Not employe | d | | | | |
| | Date 07/30/2024 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$10.53 |
| | Principal occu Non Profit Pr | oation / Job title (See Instructions) ofessional | Employer (See Instructions |) | | |
| | Date 08/30/2024 | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$10.53 |
| | Principal occu Non Profit Pr | oation / Job title (See Instructions) ofessional | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONT | RIBUTION | IS | | SCHEDUL | E A1 |
|---|--------------------------------|---|------------------|----------------------------|----------------|--|-------------|
| | The Instru | tion Guide explains how to con | nplete this for | n. | 1 | Total pages Schedule A1: Sch: 6/107 Rpt: 10/156 | |
| 2 | FILER NAME Annie's List | | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 07/19/2024 | Full name of contributor out-of Banister, Simin Contributor address; City; State; Zip C | |) | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Houston, TX 77019-2509 | | | | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions) d | 9 | Employer (See Instructions | 5) | | |
| | Date 08/19/2024 | Banister, Simin Contributor address; City; State; Zip C | -state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | Houston, TX 77019-2509 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> ;) | | |
| | Not Employe | d | | | | | |
| | Date 09/19/2024 | Full name of contributor out-of Banister, Simin Contributor address; City; State; Zip C | -state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | | Houston, TX 77019-2509 | | | | | |
| | Principal occu Not Employe | oation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 09/24/2024 | Full name of contributor out-of Barber, Karla R (Ms.) Contributor address; City; State; Zip C Dallas, TX 75219-5546 | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Sales | oation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 08/20/2024 | Full name of contributor out-of Barker, Edward Contributor address; City; State; Zip C | | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Software sup | pation / Job title (See Instructions) port analyst | | Employer (See Instructions | 5) | | |
| | | | I | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | TIONS | | SCHEDULI | E A1 |
|---|-------------------------------|---|------------------------------|-----|--|-------------|
| | The Instru | ction Guide explains how to complete thi | s form. | 1 | Total pages Schedule A1: Sch: 7/107 Rpt: 11/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 07/31/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$10.00 |
| | | Bethesda, MD 20817-4850 | | | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions) d | 9 Employer (See Instructions | ıs) | | |
| | Date 08/09/2024 | Full name of contributor out-of-state PAC (II Barton, Carol Contributor address; City; State; Zip Code San Antonio, TX 78247-1936 | D#:) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | ls) | | |
| | Date 09/24/2024 | Contributor address; City; State; Zip Code | D#:) | | Amount of Contribution (\$) | \$2.00 |
| | Principal occu | Surfside Beach, TX 77541-9447 pation / Job title (See Instructions) | Employer (See Instructions | ıs) | | |
| | Date 08/22/2024 | Full name of contributor out-of-state PAC (II Bassett, Eric Contributor address; City; State; Zip Code Dallas, TX 75243-7562 | D#:) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Consultant | pation / Job title (See Instructions) | Employer (See Instructions | ıs) | | |
| | Date 07/28/2024 | Full name of contributor out-of-state PAC (II Bean, nancy Cozette Contributor address; City; State; Zip Code Arlington, TX 76006-4003 | D#:) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ıs) | | |
| | | | 1 | | | |

| | MONET | ARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|---|-----------------------------|--|--|
| | The Instru | ction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 8/107 Rpt: 12/156 |
| 2 | FILER NAME Annie's List | • | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 | Date 08/28/2024 | 5 Full name of contributor out-of-state PAC (ID#:) Bean, nancy Cozette 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution (\$) \$10.00 |
| | | Arlington, TX 76006-4003 | |
| 8 | Principal occu educator | pation / Job title (See Instructions) 9 Employer (See Instructions) | |
| | Date 07/06/2024 | Full name of contributor out-of-state PAC (ID#:) Beaver, Becky Contributor address; City; State; Zip Code | Amount of Contribution (\$) \$100.00 |
| | Principal occu | Austin, TX 78731-6200 pation / Job title (See Instructions) Employer (See Instructions) | |
| | Attorney | | |
| | Date 08/06/2024 | Full name of contributor out-of-state PAC (ID#:) Beaver, Becky Contributor address; City; State; Zip Code | Amount of Contribution (\$) \$100.00 |
| | | Austin, TX 78731-6200 | |
| | Principal occu Attorney | pation / Job title (See Instructions) Employer (See Instructions) | |
| | Date 09/06/2024 | Full name of contributor out-of-state PAC (ID#:) Beaver, Becky Contributor address; City; State; Zip Code Austin, TX 78731-6200 | Amount of Contribution (\$) \$100.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) Employer (See Instructions) | |
| | Date 07/23/2024 | Full name of contributor out-of-state PAC (ID#:) Benavides, Melissa Contributor address; City; State; Zip Code San Antonio, TX 78209-5271 | Amount of Contribution (\$) \$50.00 |
| | Principal occu Physician | pation / Job title (See Instructions) Employer (See Instructions) | |
| | | I | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULE | ■ A1 |
|---|------------------------------|--|------------------------------|----|--|-------------|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 9/107 Rpt: 13/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/23/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$50.00 |
| | | San Antonio, TX 78209-5271 | | | | |
| 8 | Principal occu Physician | pation / Job title (See Instructions) | 9 Employer (See Instructions | i) | | |
| | Date 09/23/2024 | Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | San Antonio, TX 78209-5271 pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Physician | | | | | |
| | Date 07/03/2024 | Full name of contributor out-of-state PAC (ID#: Benavides, Tannya Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | | Laredo, TX 78040-2504 | | | | |
| | Principal occu Consultant | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/03/2024 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Consultant | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 09/03/2024 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Consultant | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | , | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDULE | A1 |
|---|----------------------------|---|------------------------------|----------------|---|-----------|
| | The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 10/107 Rpt: 14/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 07/17/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$5.00 |
| | | Houston, TX 77035-3416 | | | | |
| 8 | Principal occu retired | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Date 08/17/2024 | Full name of contributor out-of-state PAC (ID#:_ Bergman, Eldo Contributor address; City; State; Zip Code Houston, TX 77035-3416 |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu retired | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> 5) | | |
| | Date 09/17/2024 | Full name of contributor out-of-state PAC (ID#:_ Bergman, Eldo Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu | Houston, TX 77035-3416 pation / Job title (See Instructions) | Employer (See Instructions | - s) | | |
| | retired | | | | | |
| | Date 09/24/2024 | Full name of contributor | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | Atlanta, GA 30306-4527 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ;) | | |
| | General Con | tractor | | | | |
| | Date 09/06/2024 | Full name of contributor out-of-state PAC (ID#:_Bermudez, Francisca Contributor address; City; State; Zip Code San Antonio, TX 78230-4419 |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ;) | | |
| | Escalation re | presentative | | | | |
| | | | | | | |

| | MONET | ARY POLITICAL CO | NTRIBUTION | S | | SCHEDULE | A1 |
|---|---------------------------------|--|------------------------------------|----------------------------|--------|---|-----------|
| | The Instru | ction Guide explains how to | complete this form | n. | 1 | Total pages Schedule A1: Sch: 11/107 Rpt: 15/156 | |
| 2 | FILER NAME Annie's List | | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/31/2024 | 5 Full name of contributor Bird, David6 Contributor address; City; State; | | | 7 | Amount of Contribution (\$) | \$30.00 |
| | | Edgerton, WI 53534-9383 | | | | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions) d | 9 | Employer (See Instructions | 5) | | |
| | Date 07/25/2024 | Full name of contributor Birr, David Contributor address; City; State; | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | Lake Barrington, IL 60010-177 pation / Job title (See Instructions) | 75 | Employer (See Instructions | ;) | | |
| | Energy Engi | | | | , | | |
| | Date 09/10/2024 | Full name of contributor Black, Kenneth Contributor address; City; State; | out-of-state PAC (ID#: Zip Code |) | | Amount of Contribution (\$) | \$10.00 |
| | | San Antonio, TX 78240-3823 | | | | | |
| | Principal occu Utility Techn | pation / Job title (See Instructions) cian | | Employer (See Instructions | 5) | | |
| | Date 08/20/2024 | Full name of contributor Blackson, Steve Contributor address; City; State; Austin, TX 78750-2811 | out-of-state PAC (ID#: Zip Code | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Landscape [| pation / Job title (See Instructions) Design | | Employer (See Instructions | s) | | |
| | Date 09/01/2024 | Full name of contributor Blackson, Steve Contributor address; City; State; Austin, TX 78750-2811 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Landscape [| pation / Job title (See Instructions) Design | | Employer (See Instructions | 5) | | |
| | <u> </u> | | I | | | | |

| | MONET | ONETARY POLITICAL CONTRIBUTIONS | | | SCHEDULE A | | | |
|---|-------------------------------|--|-----------------------------|------------|--|-----------|--|--|
| | The Instru | ction Guide explains how to complete this fo | rm. | | otal pages Schedule A1: sch: 12/107 Rpt: 16/156 | | | |
| 2 | FILER NAME Annie's List | | | | iler ID (Ethics Commission 0053715 | n Filers) | | |
| 4 | Date 07/16/2024 | Full name of contributor | | 7 A | mount of Contribution (\$) | \$100.00 | | |
| 8 | Principal occu | Austin, TX 78757-8134 pation / Job title (See Instructions) | Employer (See Instructions) | ` | | | | |
| | Not Employe | | Employer (See instructions, |) | | | | |
| | Date 07/24/2024 | Full name of contributor out-of-state PAC (ID#: | | A | mount of Contribution (\$) | \$20.00 | | |
| | Principal occu | Austin, TX 78757-8134 pation / Job title (See Instructions) | Employer (See Instructions) |) | | | | |
| | Not Employed | | | | | | | |
| | Date 08/17/2024 | Full name of contributor |) | A | mount of Contribution (\$) | \$100.00 | | |
| | | Austin, TX 78757-8134 | | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | Employer (See Instructions) |) | | | | |
| | Date 08/24/2024 | Full name of contributor out-of-state PAC (ID#: | | A | mount of Contribution (\$) | \$20.00 | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions) |) | | | | |
| | Date 09/16/2024 | Full name of contributor out-of-state PAC (ID#: Blau, Robert Contributor address; City; State; Zip Code Austin, TX 78757-8134 | | A | mount of Contribution (\$) | \$100.00 | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions) |) | | | | |
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| | MONET | ARY POLITICAL CONTRIBUTION | NS | SCHEDULE A1 | | | |
|---|---------------------------------|---|-------------------------------|---|---|-----------|--|
| | The Instruc | tion Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 13/107 Rpt: 17/156 | | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) | |
| 4 | 09/24/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$20.00 | |
| 8 | Dringing oggu | Austin, TX 78757-8134 | D. Employer (See Instructions | <u>, </u> | | | |
| 0 | Not Employe | | Employer (See Instructions | ·) | | | |
| | Date 09/01/2024 | Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$15.00 | |
| | Principal occur | Oklahoma City, OK 73120-8342 vation / Job title (See Instructions) | Employer (See Instructions | :) | | | |
| | Not Employe | | Employer (dee mandenona | ,, | | | |
| | Date 09/06/2024 | Full name of contributor out-of-state PAC (ID#: Boyer, Marjorie Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$30.00 | |
| | | San Antonio, TX 78247 | | | | | |
| | Principal occup Retired | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | | |
| | Date 07/25/2024 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 | |
| | Principal occup Social worke | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | | |
| | Date 07/12/2024 | Full name of contributor out-of-state PAC (ID#: Braunagel-Brown, Mary A. (Dr.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$200.00 | |
| | Principal occup Retired | oation / Job title (See Instructions) | Employer (See Instructions | 5) | | | |
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| | MONET | ARY POLITICAL CONTRIBUTIO | NS | SCHEDULE A1 | | | |
|---|-----------------------------|--|------------------------------|----------------|---|-----------|--|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 14/107 Rpt: 18/156 | | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) | |
| 4 | Date 08/12/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$200.00 | |
| | | Austin, TX 78736-3319 | | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | | |
| | Date 09/12/2024 | Full name of contributor out-of-state PAC (ID#: Braunagel-Brown, Mary A. (Dr.) Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$200.00 | |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ;) | | | |
| | Date 07/19/2024 | Full name of contributor out-of-state PAC (ID#:_ Bray, Elizabeth Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$10.00 | |
| | Principal occu | Rollingwood, TX 78746-5943 pation / Job title (See Instructions) | Employer (See Instructions | - s) | | | |
| | Not Employe | d | | | | | |
| | Date 07/17/2024 | Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$10.00 | |
| | Principal occu Professor | Denton, TX 76207-1288 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> 5) | | | |
| | Date 08/17/2024 | Full name of contributor out-of-state PAC (ID#:_ Brewer, Angela Contributor address; City; State; Zip Code Denton, TX 76207-1288 | | | Amount of Contribution (\$) | \$10.00 | |
| | Principal occu Professor | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | | |
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| | MONET | ARY POLITICAL CONTR | RIBUTION | <u></u> | | SCHEDULE | A1 |
|---|-------------------------------|--|-----------------|----------------------------|----------------|---|-----------|
| | The Instru | ction Guide explains how to com | plete this for | m. | 1 | Total pages Schedule A1: Sch: 15/107 Rpt: 19/156 | |
| 2 | FILER NAME Annie's List | | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 09/17/2024 | Full name of contributor out-of-s Brewer, Angela Contributor address; City; State; Zip Co | | | 7 | Amount of Contribution (\$) | \$10.00 |
| | | Denton, TX 76207-1288 | | | | | |
| 8 | Principal occu Professor | pation / Job title (See Instructions) | 9 | Employer (See Instructions | 5) | | |
| | Date 07/29/2024 | Bringmann, Michael Contributor address; City; State; Zip Co | state PAC (ID#: |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | Austin, TX 78717-4516 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> 5) | | |
| | Software en | jineer | | | | | |
| | Date 07/18/2024 | Full name of contributor out-of-s Brogden, William Contributor address; City; State; Zip Co | state PAC (ID#: |) | | Amount of Contribution (\$) | \$10.00 |
| | | Leander, TX 78641-9396 | | | | | |
| | Principal occu retired | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 07/22/2024 | Bronstein, Dale | |) | | Amount of Contribution (\$) | \$20.24 |
| | Principal occu Wine Mercha | pation / Job title (See Instructions) ant | | Employer (See Instructions | 5) | | |
| | Date 08/09/2024 | Bronstein, Dale | state PAC (ID#: |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Wine Mercha | pation / Job title (See Instructions) ant | | Employer (See Instructions | 5) | | |
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| | MONET | ARY POLITICAL CO | NS | SCHEDULE A1 | | | |
|---|-------------------------------|---|------------------------|-------------------------------------|----|---|-----------|
| | The Instru | ction Guide explains how to | o complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 16/107 Rpt: 20/156 | |
| 2 | FILER NAME Annie's List | | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 08/16/2024 | 5 Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$10.00 |
| | | Fort Worth, TX 76112-5425 | 1 | | | | |
| 8 | Principal occu Wine Mercha | pation / Job title (See Instructions) ant | 9 | 9 Employer (See Instructions | s) | | |
| | Date 07/30/2024 | Full name of contributor Brooks, Royce Contributor address; City; State | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | Austin, TX 78702-4587 pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Consultant | , | | | , | | |
| | Date 08/30/2024 | Full name of contributor Brooks, Royce Contributor address; City; State | | | | Amount of Contribution (\$) | \$100.00 |
| | | Austin, TX 78702-4587 | | | | | |
| | Principal occu Consultant | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Date 08/31/2024 | Full name of contributor Brownscombe, Tom Contributor address; City; State Houston, TX 77005-2355 | |) | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 07/23/2024 | Full name of contributor Bullock, Jan Contributor address; City; State Austin, TX 78703-2219 | out-of-state PAC (ID#: | | • | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
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| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULE | ■ A1 |
|---|--------------------------------|--|----------------------------|---|---|-------------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 17/107 Rpt: 21/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 09/24/2024 | Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$250.00 |
| _ | | Austin, TX 78703-2219 | | | | |
| 8 | Principal occur Not Employe | | Employer (See Instructions | i) | | |
| | Date 07/29/2024 | Full name of contributor out-of-state PAC (ID#: OUT-OF-state PAC (ID#: CREWS, MICHAEL Contributor address; City; State; Zip Code Los Ranchos, NM 87107 | | | Amount of Contribution (\$) | \$10.00 |
| _ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Not Employe | d | | | | |
| | Date 07/04/2024 | Full name of contributor out-of-state PAC (ID#: Campbell, Elizabeth J Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$3.00 |
| | | Big Spring, TX 79721-0509 | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Date 08/04/2024 | Full name of contributor out-of-state PAC (ID#: Campbell, Elizabeth J Contributor address; City; State; Zip Code Big Spring, TX 79721-0509 | | | Amount of Contribution (\$) | \$3.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | () | | |
| | Date 09/04/2024 | Full name of contributor out-of-state PAC (ID#: Campbell, Elizabeth J Contributor address; City; State; Zip Code Big Spring, TX 79721-0509 | | | Amount of Contribution (\$) | \$3.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | i) | | |
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| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDULE | E A1 |
|---|-------------------------------|--|------------------------------|----------------|---|---------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 18/107 Rpt: 22/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/21/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$20.00 |
| | | San Antonio, TX 78210-5732 | | | | |
| 8 | | pation / Job title (See Instructions) taff Representative | 9 Employer (See Instructions | 5) | | |
| | Date 09/06/2024 | Contributor address; City; State; Zip Code | | • | Amount of Contribution (\$) | \$15.00 |
| | Principal occu | San Antonio, TX 78230-3057 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | | |
| | Date 08/22/2024 | Full name of contributor out-of-state PAC (ID#:_ CarreonHernandez, Aurora Contributor address; City; State; Zip Code |) | • | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | San Antonio, TX 78225-1435 pation / Job title (See Instructions) | Employer (See Instructions | <u>''</u> | | |
| | School socia | | Employer (See Instructions | •) | | |
| | Date 08/30/2024 | Full name of contributor out-of-state PAC (ID#:_Carter, Thomas Contributor address; City; State; Zip Code San Antonio, TX 78245-3521 | | • | Amount of Contribution (\$) | \$10.00 |
| | Principal occu not employe | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/20/2024 | Full name of contributor out-of-state PAC (ID#:_Chaffee, Dianne Contributor address; City; State; Zip Code Bothell, WA 98021-8625 |) | • | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | Employer (See Instructions | s) | | |
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| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULE | A1 |
|---|--------------------------------|--|------------------------------|----------|---|-----------|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 19/107 Rpt: 23/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/31/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Bothell, WA 98021-8625 | | | | |
| 8 | Principal occu Not Employe | | 9 Employer (See Instructions | i) | | |
| | Date 07/30/2024 | Full name of contributor out-of-state PAC (ID#: Chambers, Janette Contributor address; City; State; Zip Code Temple, TX 76501-7671 |) | | Amount of Contribution (\$) | \$10.00 |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | d | | | | |
| | Date 07/31/2024 | Full name of contributor out-of-state PAC (ID#: Chanon, Renee Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$50.00 |
| | | Los Angeles, CA 90049-3625 | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | <u>(</u> | | |
| | Date 07/15/2024 | Full name of contributor out-of-state PAC (ID#:Chaussee, John Contributor address; City; State; Zip Code Dallas, TX 75235-1611 |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Senior Direc | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/15/2024 | Full name of contributor out-of-state PAC (ID#:_Chaussee, John Contributor address; City; State; Zip Code Dallas, TX 75235-1611 |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Senior Direc | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | , | | | | |

| | MONET | ARY POLITICAL CONTRII | NS | SCHEDULE A1 | | | |
|---|--------------------------------|---|-------------|----------------------------|---|---|-----------|
| | The Instru | ction Guide explains how to comple | ete this fo | rm. | 1 | Total pages Schedule A1: Sch: 20/107 Rpt: 24/156 | |
| 2 | FILER NAME Annie's List | | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 09/15/2024 | Full name of contributor | PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$5.00 |
| _ | | Dallas, TX 75235-1611 | | | | | |
| 8 | Principal occu Senior Direc | pation / Job title (See Instructions) or | 9 | Employer (See Instructions | 5) | | |
| | Date 07/21/2024 | Chevalier, Joi | PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu President | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Date 08/21/2024 | Full name of contributor out-of-state Chevalier, Joi Contributor address; City; State; Zip Code | PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu President | Austin, TX 78757-2345 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> 5) | | |
| | Date 09/21/2024 | Chevalier, Joi | PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu President | pation / Job title (See Instructions) | | Employer (See Instructions | <u>l</u> 5) | | |
| | Date 07/29/2024 | Full name of contributor out-of-state Chiarito, Bebe Contributor address; City; State; Zip Code Portland, OR 97231-2600 | |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not Employe | oation / Job title (See Instructions) d | | Employer (See Instructions | s) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A1 | | | |
|---|-------------------------------|---|------------------------------|-------------|---|---------|--|
| | The Instru | ction Guide explains how to complete this t | form. | 1 | Total pages Schedule A1: Sch: 21/107 Rpt: 25/156 | | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) | |
| 4 | Date 08/29/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$5.00 | |
| | | Portland, OR 97231-2600 | , | | | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions) d | 9 Employer (See Instructions | s) | | | |
| | Date 07/20/2024 | Full name of contributor out-of-state PAC (ID#:_Christian, Ann Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$25.00 | |
| | Principal occu | Fort Worth, TX 76109-2049 pation / Job title (See Instructions) | Employer (See Instructions | 3) | | | |
| | • | demic Language Therapist | Employer (eee meadedies | -, | | | |
| | Date 08/20/2024 | Full name of contributor out-of-state PAC (ID#:_ Christian, Ann Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$25.00 | |
| | | Fort Worth, TX 76109-2049 | | | | | |
| | | pation / Job title (See Instructions) demic Language Therapist | Employer (See Instructions | 5) | | | |
| | Date 09/20/2024 | Full name of contributor out-of-state PAC (ID#:_Christian, Ann Contributor address; City; State; Zip Code Fort Worth, TX 76109-2049 | | | Amount of Contribution (\$) | \$25.00 | |
| | • | pation / Job title (See Instructions) demic Language Therapist | Employer (See Instructions | 5) | | | |
| | Date 08/31/2024 | Full name of contributor out-of-state PAC (ID#:_Church, Gordon Contributor address; City; State; Zip Code Kirkland, WA 98033-4696 | | | Amount of Contribution (\$) | \$8.00 | |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | Employer (See Instructions | s) | | | |
| | | | ' | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULE | A1 |
|---|------------------------------|---|------------------------------|----------|---|-----------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 22/107 Rpt: 26/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/19/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$20.00 |
| _ | | San Antonio, TX 78248-2336 | | _ | | |
| 8 | Principal occup Not Employe | | 9 Employer (See Instructions | 5) | | |
| | Date 07/26/2024 | Full name of contributor out-of-state PAC (ID#: Clark, Melinda | | | Amount of Contribution (\$) | \$10.00 |
| | Dringing aggre | Houston, TX 77227-2337 | Employer (Con Instructions | <u></u> | | |
| | Retired | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/26/2024 | Full name of contributor out-of-state PAC (ID#: Clark, Melinda Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$10.00 |
| | | Houston, TX 77227-2337 | | | | |
| | Principal occup Retired | pation / Job title (See Instructions) | Employer (See Instructions | <u>(</u> | | |
| | Date 09/26/2024 | Full name of contributor out-of-state PAC (ID#: Clark, Melinda Contributor address; City; State; Zip Code Houston, TX 77227-2337 | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occup | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/14/2024 | Full name of contributor out-of-state PAC (ID#: Clark, Roger Contributor address; City; State; Zip Code Bellingham, WA 98225-6213 |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occup | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Trot Employe | <u> </u> | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULE | A1 |
|---|--------------------------------|--|------------------------------|----------|---|---------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 23/107 Rpt: 27/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/14/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$5.00 |
| | | Bellingham, WA 98225-6213 | | | | |
| 8 | Principal occup Not Employe | | 9 Employer (See Instructions | 5) | | |
| | Date 09/14/2024 | Full name of contributor out-of-state PAC (ID#:Clark, Roger Contributor address; City; State; Zip Code Bellingham, WA 98225-6213 | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occup | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Not Employe | d | | | | |
| | Date 08/29/2024 | Full name of contributor out-of-state PAC (ID#: Clifford, Cindy Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | | Houston, TX 77019-4815 | | | | |
| | Principal occup PR Fid | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 09/10/2024 | Full name of contributor out-of-state PAC (ID#: Colton, Larisa Contributor address; City; State; Zip Code San Antonio, TX 78248 |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occup Attorney | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/01/2024 | Full name of contributor out-of-state PAC (ID#: Conrad, Calvin Contributor address; City; State; Zip Code Oxford, OH 45056-1017 |) | | Amount of Contribution (\$) | \$1.00 |
| | Principal occup | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULE | A1 |
|---|----------------------------|--|----------------------------|----------|---|-----------|
| | The Instruc | ction Guide explains how to complete this for | rm. | 1 | Total pages Schedule A1: Sch: 24/107 Rpt: 28/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/09/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$2.00 |
| | | Oxford, OH 45056-1017 | | | | |
| 8 | Principal occu sales | pation / Job title (See Instructions) 9 | Employer (See Instructions | 5) | | |
| | Date 08/31/2024 | Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$18.00 |
| | Principal occu | Fort Worth, TX 76132-5050 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Not Employe | d | | | | |
| | Date 07/05/2024 | Full name of contributor out-of-state PAC (ID#: Craig, Leilani Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | | Portland, OR 97201-3371 | | | | |
| | | pation / Job title (See Instructions) rtic Reporting Specialist | Employer (See Instructions |) | | |
| | Date 08/05/2024 | Full name of contributor out-of-state PAC (ID#: Craig, Leilani Contributor address; City; State; Zip Code Portland, OR 97201-3371 |) | | Amount of Contribution (\$) | \$25.00 |
| | • | pation / Job title (See Instructions) /tic Reporting Specialist | Employer (See Instructions | 5) | | |
| | Date 09/05/2024 | Full name of contributor out-of-state PAC (ID#: Craig, Leilani Contributor address; City; State; Zip Code Portland, OR 97201-3371 | | | Amount of Contribution (\$) | \$25.00 |
| | • | pation / Job title (See Instructions) vtic Reporting Specialist | Employer (See Instructions | ;) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULI | E A1 |
|---|----------------------------|--|------------------------------|---|---|-------------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 25/107 Rpt: 29/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | ı Filers) |
| 4 | Date 07/03/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$100.00 |
| _ | | San Antonio, TX 78212-1542 | | | | |
| 8 | | pation / Job title (See Instructions) rector for Outreach | 9 Employer (See Instructions |) | | |
| | Date 08/03/2024 | Full name of contributor out-of-state PAC (ID#:Cuellar, DeAnne Contributor address; City; State; Zip Code San Antonio, TX 78212-1542 | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Associate Di | rector for Outreach | | | | |
| | Date 08/21/2024 | Full name of contributor out-of-state PAC (ID#: Cuellar, DeAnne Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$800.00 |
| | | San Antonio, TX 78212-1542 | | | | |
| | | pation / Job title (See Instructions) rector for Outreach | Employer (See Instructions |) | | |
| | Date 09/03/2024 | Full name of contributor out-of-state PAC (ID#: Cuellar, DeAnne Contributor address; City; State; Zip Code San Antonio, TX 78212-1542 | | | Amount of Contribution (\$) | \$100.00 |
| | • | pation / Job title (See Instructions) rector for Outreach | Employer (See Instructions |) | | |
| | Date 07/08/2024 | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$40.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULE | A1 |
|---|---------------------------------|--|----------------------------|---|---|-----------|
| | The Instruc | ction Guide explains how to complete this for | rm. | 1 | Total pages Schedule A1: Sch: 26/107 Rpt: 30/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/08/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$40.00 |
| | | Alamo, TX 78516-2604 | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions) 9 | Employer (See Instructions |) | | |
| | Date 07/01/2024 | Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$5.00 |
| | | Portland, OR 97229-6382 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Substitute te | acher | | | | |
| | Date 09/10/2024 | Full name of contributor out-of-state PAC (ID#: Dallas, Janice Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | | Ventura, CA 93004-1142 | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/11/2024 | Full name of contributor out-of-state PAC (ID#: Daniels, Nancy Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Nurse practit | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/16/2024 | Full name of contributor out-of-state PAC (ID#: Daniels, Nancy Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Nurse practit | pation / Job title (See Instructions) ioner | Employer (See Instructions |) | | |
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| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULE | E A1 |
|---|---------------------------------|---|------------------------------|------------------|---|---------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 27/107 Rpt: 31/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/11/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$25.00 |
| | | San Antonio, TX 78217-4025 | | | | |
| 8 | Principal occu Nurse practit | | 9 Employer (See Instructions | s) | | |
| | Date 08/16/2024 | Full name of contributor out-of-state PAC (ID#:_ Daniels, Nancy Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 | | | Amount of Contribution (\$) | \$25.00 |
| | | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> S) | | |
| _ | Nurse practit | Full name of contributor | | Г | Amount of Contribution (\$) | |
| | 09/11/2024 | Daniels, Nancy | | | ,, | \$25.00 |
| | | San Antonio, TX 78217-4025 | | L | | |
| | Principal occu Nurse practit | pation / Job title (See Instructions) ioner | Employer (See Instructions | 5) | | |
| | Date 09/16/2024 | Full name of contributor out-of-state PAC (ID#:_ Daniels, Nancy Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Nurse practif | oation / Job title (See Instructions) ioner | Employer (See Instructions | 5) | | |
| | Date 08/08/2024 | Full name of contributor out-of-state PAC (ID#:_ Davis, John Contributor address; City; State; Zip Code Bellingham, WA 98229-2347 | | • | Amount of Contribution (\$) | \$12.00 |
| | Principal occu Not employe | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDULE | ■ A1 |
|---|--------------------------------|--|------------------------------|----|---|-------------|
| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 28/107 Rpt: 32/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 09/10/2024 | Full name of contributor out-of-state PAC (ID# De Luna, Erick Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$25.00 |
| _ | | Von Ormy, TX 78073-3324 | | _ | | |
| 8 | Principal occu Chief Admini | pation / Job title (See Instructions) strator | 9 Employer (See Instructions | 5) | | |
| | Date 07/19/2024 | Full name of contributor out-of-state PAC (ID# Dean-Jones, Lesley Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | Austin, TX 78751-3009 pation / Job title (See Instructions) | Employer (See Instructions | ·/ | | |
| | Professor | Jalion / Job title (See instructions) | Employer (See Instructions | , | | |
| | Date 08/19/2024 | Full name of contributor out-of-state PAC (ID# Dean-Jones, Lesley Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$10.00 |
| | | Austin, TX 78751-3009 | | | | |
| | Principal occu Professor | oation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 09/19/2024 | Full name of contributor out-of-state PAC (ID# Dean-Jones, Lesley Contributor address; City; State; Zip Code Austin, TX 78751-3009 |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Professor | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/13/2024 | Full name of contributor out-of-state PAC (ID# Dell, Marci Contributor address; City; State; Zip Code Austin, TX 78703-5097 | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Not Employe | oation / Job title (See Instructions) d | Employer (See Instructions | 5) | | |
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| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULE | A1 |
|---|-------------------------------|--|------------------------------|--------|---|-----------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 29/107 Rpt: 33/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/13/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$20.00 |
| | | Austin, TX 78703-5097 | | | | |
| 8 | Principal occu Not Employe | | 9 Employer (See Instructions | s) | | |
| | Date 09/13/2024 | Full name of contributor out-of-state PAC (ID#: Dell, Marci Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu | Austin, TX 78703-5097 pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Not Employe | | | | | |
| | Date 09/24/2024 | Full name of contributor |) | • | Amount of Contribution (\$) | \$10.00 |
| | | San Francisco, CA 94111-1133 | | | | |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 09/09/2024 | Full name of contributor out-of-state PAC (ID#:_ Diaz, Benicio Contributor address; City; State; Zip Code San Antonio, TX 78230-4055 |) | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/19/2024 | Full name of contributor out-of-state PAC (ID#:_ Diaz, Marlene Cynthia Contributor address; City; State; Zip Code San Antonio, TX 78240-3222 |) | • | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Operations N | pation / Job title (See Instructions) Manager | Employer (See Instructions | 5) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULE | A1 |
|---|------------------------------|---|----------------------------|----|---|-----------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 30/107 Rpt: 34/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 07/14/2024 | Full name of contributor out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$5.00 |
| | | Texas City, TX 77591-7000 | | | | |
| 8 | Principal occu Marketing | pation / Job title (See Instructions) | Employer (See Instructions | i) | | |
| | Date 08/14/2024 | Full name of contributor out-of-state PAC (ID#: Dibrell, Lauri Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occur | Texas City, TX 77591-7000 pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Marketing | Jation / Job title (See Instructions) | Employer (See instructions | ') | | |
| | Date 09/14/2024 | Full name of contributor |) | | Amount of Contribution (\$) | \$5.00 |
| | | Texas City, TX 77591-7000 | | | | |
| | Principal occu Marketing | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/29/2024 | Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | Dallas, TX 75372-1057 Dation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 09/24/2024 | Full name of contributor out-of-state PAC (ID#: Dixon, Joyce Contributor address; City; State; Zip Code Dallas, TX 75372-1057 |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Operations | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
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| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDUL | E A1 |
|---|-------------------------------|---|------------------------------|---|---|-------------|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 31/107 Rpt: 35/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 08/15/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Fort Worth, TX 76116-0939 | | | | |
| 8 | Principal occu Not Employe | | 9 Employer (See Instructions | 5) | | |
| | Date 09/24/2024 | Full name of contributor out-of-state PAC (ID#:_ Dollive, Patricia Contributor address; City; State; Zip Code Austin, TX 78757-3444 | | | Amount of Contribution (\$) | \$25.00 |
| | | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Not Employe | d | | | | |
| | Date 07/22/2024 | Full name of contributor out-of-state PAC (ID#:_ Dudley, Jaquelin Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$100.00 |
| | | Austin, TX 78759-8025 | | | | |
| | Principal occu Professor | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 08/22/2024 | Full name of contributor out-of-state PAC (ID#:_ Dudley, Jaquelin Contributor address; City; State; Zip Code Austin, TX 78759-8025 |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Professor | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 09/22/2024 | Full name of contributor out-of-state PAC (ID#:_ Dudley, Jaquelin Contributor address; City; State; Zip Code Austin, TX 78759-8025 | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Professor | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
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| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULE | E A1 |
|---|-------------------------------|--|------------------------------|--------|---|---------|
| | The Instru | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 32/107 Rpt: 36/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/29/2024 | Full name of contributor out-of-state PAC (ID#: Dunlap, Deborah Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$25.00 |
| | | Marble Falls, TX 78654-1384 | | | | |
| 8 | Principal occu CPA | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Date 09/24/2024 | Full name of contributor out-of-state PAC (ID#: Eickmeyer, Janet Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | Richardson, TX 75080-2324 Dation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Not Employe | d | | | | |
| | Date 07/02/2024 | Full name of contributor out-of-state PAC (ID#: Elliott-Smart, Patricia Contributor address; City; State; Zip Code |) | • | Amount of Contribution (\$) | \$5.00 |
| | | Abilene, TX 79605-4916 | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 08/02/2024 | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 09/02/2024 | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | 1 | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDULE | ■ A1 |
|---|-------------------------------|---|------------------------------|----------------|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 33/107 Rpt: 37/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 07/13/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$25.00 |
| | | Austin, TX 78703-5160 | | | | |
| 8 | Principal occu Chef | pation / Job title (See Instructions) | 9 Employer (See Instructions | S) | | |
| | Date 08/13/2024 | Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Chef | Austin, TX 78703-5160 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | | |
| | Date 09/13/2024 | Full name of contributor out-of-state PAC (ID#:_Erickson, Quincy Contributor address; City; State; Zip Code | | • | Amount of Contribution (\$) | \$25.00 |
| | | Austin, TX 78703-5160 | | Ĺ | | |
| | Principal occu Chef | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/21/2024 | Full name of contributor out-of-state PAC (ID#:_ Escobar, Analysse Contributor address; City; State; Zip Code Washington, DC 20002-7373 | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu White house | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> S) | | |
| | Date 08/21/2024 | Full name of contributor out-of-state PAC (ID#:_Escobar, Analysse Contributor address; City; State; Zip Code Washington, DC 20002-7373 | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu White house | oation / Job title (See Instructions) liaison | Employer (See Instructions | 5) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULE | A1 |
|---|---------------------------------|--|----------------------------|---|---|-----------|
| | The Instru | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 34/107 Rpt: 38/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 09/21/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$10.00 |
| _ | | Washington, DC 20002-7373 | | | | |
| 8 | Principal occu White house | | Employer (See Instructions |) | | |
| | Date 09/10/2024 | Full name of contributor out-of-state PAC (ID#: Estabrook, Helen Contributor address; City; State; Zip Code Houston, TX 77019-3540 |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Not Employe | d | | | | |
| | Date 07/22/2024 | Full name of contributor out-of-state PAC (ID#: Estrada, Linda Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$44.00 |
| | | Donna, TX 78537-2409 | | | | |
| | Principal occu Campus Sec | pation / Job title (See Instructions) retary | Employer (See Instructions |) | | |
| | Date 08/22/2024 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$44.00 |
| | Principal occu Campus Sec | pation / Job title (See Instructions) retary | Employer (See Instructions |) | | |
| | Date 08/31/2024 | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Administrativ | e e lostructions) | Employer (See Instructions |) | | |
| | | I. | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIONS | | SCHEDULE | A1 |
|---|-------------------------------|---|----------|---|---------|
| | The Instru | ction Guide explains how to complete this form. | 1 | Total pages Schedule A1: Sch: 35/107 Rpt: 39/156 | |
| 2 | FILER NAME Annie's List | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 07/07/2024 | Full name of contributor out-of-state PAC (ID#:) Farmer, Heather Contributor address; City; State; Zip Code | 7 | Amount of Contribution (\$) | \$10.00 |
| _ | Deignigal | Center Point, TX 78010-3503 | | | |
| 8 | Teacher | pation / Job title (See Instructions) 9 Employer (See Instructions) |) | | |
| | Date 07/09/2024 | Full name of contributor out-of-state PAC (ID#:) Fasken, Andy Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | Paris, TX 75462 pation / Job title (See Instructions) Employer (See Instructions) | 5) | | |
| | Not Employe | d | | | |
| | Date 08/09/2024 | Full name of contributor out-of-state PAC (ID#:) Fasken, Andy Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | \$25.00 |
| | | Paris, TX 75462 | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) Employer (See Instructions) | 5) | | |
| | Date 09/09/2024 | Full name of contributor out-of-state PAC (ID#:) Fasken, Andy Contributor address; City; State; Zip Code Paris, TX 75462 | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) Employer (See Instructions | 5) | | |
| | Date 07/19/2024 | Full name of contributor out-of-state PAC (ID#:) Firestone, Raymond Contributor address; City; State; Zip Code New York, NY 10023-2667 | | Amount of Contribution (\$) | \$15.00 |
| | | pation / Job title (See Instructions) Employer (See Instructions | <u>(</u> | | |
| | Not Employe | d | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULI | E A1 |
|---|-------------------------------|---|------------------------------|---|---|-------------|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 36/107 Rpt: 40/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 07/18/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$100.00 |
| | | San Antonio, TX 78209-3702 | | | | |
| 8 | | pation / Job title (See Instructions) al Development Consultant | 9 Employer (See Instructions |) | | |
| | Date 08/18/2024 | Full name of contributor out-of-state PAC (ID#:_Flanagan, Mary Contributor address; City; State; Zip Code San Antonio, TX 78209-3702 | | | Amount of Contribution (\$) | \$100.00 |
| | • | pation / Job title (See Instructions) al Development Consultant | Employer (See Instructions |) | | |
| | Date 09/18/2024 | Full name of contributor out-of-state PAC (ID#: Flanagan, Mary Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$100.00 |
| | | San Antonio, TX 78209-3702 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 09/06/2024 | al Development Consultant Full name of contributor out-of-state PAC (ID#:_ Flores, Liz Contributor address; City; State; Zip Code San Antonio, TX 78248-0936 |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Sales re | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/25/2024 | Full name of contributor out-of-state PAC (ID#:_Fortier, Adoneca Contributor address; City; State; Zip Code Houston, TX 77080-2904 |) | | Amount of Contribution (\$) | \$20.24 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULE | A1 |
|---|-------------------------------|---|----------------------------|---|---|-----------|
| | The Instru | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 37/107 Rpt: 41/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 07/19/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$10.00 |
| | | Bastrop, TX 78602-2135 | | | | |
| 8 | Principal occu Real Estate | | Employer (See Instructions |) | | |
| | Date 08/19/2024 | Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | Bastrop, TX 78602-2135 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Real Estate | Agent | | | | |
| | Date 09/19/2024 | Full name of contributor |) | | Amount of Contribution (\$) | \$10.00 |
| | | Bastrop, TX 78602-2135 | | | | |
| | Principal occu Real Estate | pation / Job title (See Instructions) Agent | Employer (See Instructions |) | | |
| | Date 08/01/2024 | Full name of contributor out-of-state PAC (ID#: Foster, Delaina Contributor address; City; State; Zip Code Houston, TX 77024-4920 |) | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/16/2024 | Full name of contributor out-of-state PAC (ID#: Fowler, Michael Contributor address; City; State; Zip Code Chicago, IL 60637-3812 | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Manager | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULE | A1 |
|---|----------------------------|--|------------------------------|---|---|-----------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 38/107 Rpt: 42/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/16/2024 | Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Chicago, IL 60637-3812 | | | | |
| 8 | Principal occu Manager | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 09/16/2024 | Full name of contributor out-of-state PAC (ID#: Fowler, Michael Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occur | Chicago, IL 60637-3812 pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Manager | Jation 7 300 title (See Instructions) | Employer (See instructions |) | | |
| | Date 07/02/2024 | Full name of contributor out-of-state PAC (ID#: Fowles, Nicole Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | | Helotes, TX 78023-4168 | | | | |
| | Principal occu Manager | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/02/2024 | Full name of contributor out-of-state PAC (ID#: Fowles, Nicole Contributor address; City; State; Zip Code Helotes, TX 78023-4168 | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Manager | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 09/02/2024 | Full name of contributor out-of-state PAC (ID#: Fowles, Nicole Contributor address; City; State; Zip Code Helotes, TX 78023-4168 |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Manager | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBU | TIONS | | SCHEDULE | A1 |
|---|-------------------------------|---|------------------------------|---------|---|-----------|
| | The Instru | ction Guide explains how to complete th | nis form. | 1 | Total pages Schedule A1: Sch: 39/107 Rpt: 43/156 | |
| 2 | FILER NAME Annie's List | | | 1 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 07/28/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$23.00 |
| | | Fort Worth, TX 76107-2236 | | | | |
| 8 | Principal occu Retired | oation / Job title (See Instructions) | 9 Employer (See Instruction: | is) | | |
| | Date 08/28/2024 | Full name of contributor out-of-state PAC Freer, Jill Contributor address; City; State; Zip Code | (ID#:) | | Amount of Contribution (\$) | \$23.00 |
| | Principal occu | Fort Worth, TX 76107-2236 pation / Job title (See Instructions) | Employer (See Instruction: | ns) | | |
| | Retired | | p.oyor (2000a acasa | .5, | | |
| | Date 07/31/2024 | Full name of contributor out-of-state PAC Furlong, Alexandra Contributor address; City; State; Zip Code | (ID#:) | | Amount of Contribution (\$) | \$10.00 |
| | | Austin, TX 78731-5206 | | | | |
| | Principal occu Not Employe | oation / Job title (See Instructions) d | Employer (See Instruction: | ns) | | |
| | Date 08/31/2024 | Full name of contributor out-of-state PAC Furlong, Alexandra Contributor address; City; State; Zip Code Austin, TX 78731-5206 | (ID#:) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | oation / Job title (See Instructions) d | Employer (See Instruction | ns) | | |
| | Date 09/10/2024 | Full name of contributor out-of-state PAC (Galvan, Eva Contributor address; City; State; Zip Code San Antonio, TX 78229-4938 | (ID#:) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Physician | oation / Job title (See Instructions) | Employer (See Instruction | ns) | | |
| | | | - 1 | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULE | A1 |
|---|---------------------------------|--|------------------------------|---------------|---|-----------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 40/107 Rpt: 44/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 07/17/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$15.00 |
| | | Coppell, TX 75019-5820 | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 08/17/2024 | Full name of contributor out-of-state PAC (ID#:_ Garber, Martha Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu | Coppell, TX 75019-5820 pation / Job title (See Instructions) | Employer (See Instructions | - s) | | |
| | Retired | | | | | |
| | Date 09/17/2024 | Full name of contributor out-of-state PAC (ID#:_ Garber, Martha Contributor address; City; State; Zip Code |) | • | Amount of Contribution (\$) | \$15.00 |
| | | Coppell, TX 75019-5820 | | | | |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 09/07/2024 | Full name of contributor out-of-state PAC (ID#:_ Garcia, Bryan Contributor address; City; State; Zip Code San Antonio, TX 78230-3814 |) | | Amount of Contribution (\$) | \$1.00 |
| | Principal occu Underwriting | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/31/2024 | Full name of contributor out-of-state PAC (ID#:_Garcia, Danna Contributor address; City; State; Zip Code Amarillo, TX 79110-1635 |) | • | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Donor Service | es | Employer (See Instructions | s) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULE | A1 |
|---|--------------------------------|---|----------------------------|---|---|-----------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 41/107 Rpt: 45/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/31/2024 | Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$5.00 |
| | | Amarillo, TX 79110-1635 | | | | |
| 8 | Principal occu Donor Servic | | Employer (See Instructions |) | | |
| | Date 09/10/2024 | Full name of contributor out-of-state PAC (ID#: Gardner, patricia Contributor address; City; State; Zip Code San Antonio, TX 78209-5102 | | | Amount of Contribution (\$) | \$25.00 |
| | | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Not Employe | | | | | |
| | Date 09/10/2024 | Full name of contributor out-of-state PAC (ID#: Gardnet, Patricia Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$50.00 |
| | | San Antonio, TX 78209-5102 | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 09/24/2024 | Full name of contributor out-of-state PAC (ID#: Garza, Cherisse Contributor address; City; State; Zip Code San Antonio, TX 78249-2709 |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Administrato | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/22/2024 | Full name of contributor out-of-state PAC (ID#: Garza, Linda Contributor address; City; State; Zip Code Austin, TX 78731-4401 | | | Amount of Contribution (\$) | \$44.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | · | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIONS | | SCHEDULE A | 41 |
|---|-------------------------------|---|--------------------------|---|---------|
| | The Instru | ction Guide explains how to complete this form. | 1 | Total pages Schedule A1: Sch: 42/107 Rpt: 46/156 | |
| 2 | FILER NAME Annie's List | | 3 | Filer ID (Ethics Commission File 00053715 | ers) |
| 4 | Date 08/22/2024 | Full name of contributor | | Amount of Contribution (\$) | \$44.00 |
| | | Austin, TX 78731-4401 | | | |
| 8 | Principal occu Attorney | pation / Job title (See Instructions) 9 Emp | loyer (See Instructions) | | |
| | Date 09/22/2024 | Full name of contributor out-of-state PAC (ID#: Garza, Linda Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | \$44.00 |
| | Principal occu Attorney | Austin, TX 78731-4401 pation / Job title (See Instructions) Emp | loyer (See Instructions) | | |
| | Date 07/24/2024 | Full name of contributor out-of-state PAC (ID#: Gaynor, Yvette Houlihan Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | Houston, TX 77024-2704 pation / Job title (See Instructions) Emp | loyer (See Instructions) | | |
| | Not Employe | d | | | |
| | Date 08/24/2024 | Full name of contributor out-of-state PAC (ID#: Gaynor, Yvette Houlihan Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | · · · · · · · · · · · · · · · · · · · | loyer (See Instructions) | | |
| | Date 09/24/2024 | Full name of contributor out-of-state PAC (ID#: Gaynor, Yvette Houlihan Contributor address; City; State; Zip Code Houston, TX 77024-2704 | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) Emp | loyer (See Instructions) | | |
| | | 1 | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULI | E A1 |
|---|---------------------------------|--|------------------------------|----|---|-------------|
| | The Instru | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 43/107 Rpt: 47/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 07/09/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$25.00 |
| | | Austin, TX 78703-1962 | | | | |
| 8 | Principal occu Not Employe | | 9 Employer (See Instructions | s) | | |
| | Date 08/09/2024 | Full name of contributor out-of-state PAC (ID#: Gentry, Karen Contributor address; City; State; Zip Code Austin, TX 78703-1962 |) | | Amount of Contribution (\$) | \$25.00 |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | <u></u> | | _ | | |
| | Date 09/09/2024 | Full name of contributor out-of-state PAC (ID#: Gentry, Karen Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | | Austin, TX 78703-1962 | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 09/24/2024 | Full name of contributor out-of-state PAC (ID#: George, Karen Ostrum Contributor address; City; State; Zip Code Houston, TX 77005-2622 |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Financial cor | pation / Job title (See Instructions) nsultant | Employer (See Instructions | 5) | | |
| | Date 07/16/2024 | Full name of contributor out-of-state PAC (ID#: Gerbracht, Heidi L. Contributor address; City; State; Zip Code Austin, TX 78702-2238 | | | Amount of Contribution (\$) | \$30.00 |
| | Principal occu non-profit as | pation / Job title (See Instructions) sociation | Employer (See Instructions | s) | | |
| | | 1 | | | | |

| | MONET | ARY POLITICAL CONTRI | BUTION | IS | | SCHEDUL | E A1 |
|---|---------------------------------|---|--------------|-----------------------------|----------------|---|-------------|
| | The Instru | ction Guide explains how to comple | ete this for | m. | 1 | Total pages Schedule A1: Sch: 44/107 Rpt: 48/156 | |
| 2 | FILER NAME Annie's List | | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 08/16/2024 | Full name of contributor out-of-state Gerbracht, Heidi L. Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$30.00 |
| | | Austin, TX 78702-2238 | | | | | |
| 8 | Principal occu non-profit as | pation / Job title (See Instructions) sociation | 9 | Employer (See Instructions | 5) | | |
| | Date 09/16/2024 | Full name of contributor out-of-state Gerbracht, Heidi L. Contributor address; City; State; Zip Code Austin, TX 78702-2238 | PAC (ID#: |) | • | Amount of Contribution (\$) | \$30.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> 5) | | |
| | Date 07/31/2024 | Full name of contributor out-of-state Gholson, David Contributor address; City; State; Zip Code | PAC (ID#: |) | | Amount of Contribution (\$) | \$10.00 |
| | Deire die al. a a co | Eastport, ME 04631-1028 | | Fanda and (Oas Instructions | | | |
| | Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions | ») | | |
| | Date 08/29/2024 | Gibbons, Luke | |) | • | Amount of Contribution (\$) | \$258.32 |
| | Principal occu Retired | oation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 07/14/2024 | Giles, Al (Mr.) | |) | • | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Not Employe | oation / Job title (See Instructions) d | | Employer (See Instructions | 5) | | |
| | | | I | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULE A1 |
|---|--------------------------------|---|------------------------------|----------------|---|
| | The Instruc | tion Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 45/107 Rpt: 49/156 |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission Filers) 00053715 |
| 4 | 08/14/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) \$50.00 |
| | | Austin, TX 78763-0360 | | | |
| 8 | Principal occup Not Employe | | 9 Employer (See Instructions | 5) | |
| | Date 09/14/2024 | Full name of contributor out-of-state PAC (ID#:_Giles, Al (Mr.) Contributor address; City; State; Zip Code Austin, TX 78763-0360 | | | Amount of Contribution (\$) \$50.00 |
| | Principal occup Not Employe | oation / Job title (See Instructions) | Employer (See Instructions | <u> </u> 5) | |
| | Date | | | | Amount of Contribution (\$) |
| | 07/24/2024 | Full name of contributor out-of-state PAC (ID#: Gillespie, Carrie Contributor address; City; State; Zip Code | | | \$1,000.00 |
| | | Houston, TX 77079-5052 | | | |
| | Principal occup Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> 5) | |
| | Date 07/22/2024 | Full name of contributor out-of-state PAC (ID#:_Gillette, Leann Contributor address; City; State; Zip Code Austin, TX 78746-1720 |) | | Amount of Contribution (\$) \$20.24 |
| | Principal occup Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| | Date 08/29/2024 | Full name of contributor out-of-state PAC (ID#:_Glandon, Kay Contributor address; City; State; Zip Code Mill Creek, WA 98012-5001 |) | | Amount of Contribution (\$) \$10.00 |
| | Principal occup Not Employe | oation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| | | , | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | ons | | SCHEDULE | A1 |
|---|-------------------------------|--|------------------------------|--------|---|---------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 46/107 Rpt: 50/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 07/31/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$3.00 |
| | | Hammonton, NJ 08037-2533 | | | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions) d | 9 Employer (See Instructions | s) | | |
| | Date 08/09/2024 | Full name of contributor out-of-state PAC (ID#:_ Gobbo Jr, Edward Contributor address; City; State; Zip Code |) | • | Amount of Contribution (\$) | \$3.00 |
| | Principal occu | Hammonton, NJ 08037-2533 pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Not Employe | | | • | | |
| | Date 08/19/2024 | Full name of contributor out-of-state PAC (ID#:_ Gobbo Jr, Edward Contributor address; City; State; Zip Code | | • | Amount of Contribution (\$) | \$3.00 |
| | | Hammonton, NJ 08037-2533 | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | Employer (See Instructions | s) | | |
| | Date 08/24/2024 | Full name of contributor out-of-state PAC (ID#:_ Gobbo Jr, Edward Contributor address; City; State; Zip Code Hammonton, NJ 08037-2533 |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/31/2024 | Full name of contributor out-of-state PAC (ID#:_Gobbo Jr, Edward Contributor address; City; State; Zip Code Hammonton, NJ 08037-2533 |) | • | Amount of Contribution (\$) | \$3.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | Employer (See Instructions | 5) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULI | E A1 |
|---|---------------------------------|--|------------------------------|----------|---|-------------|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 47/107 Rpt: 51/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 09/24/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$10.00 |
| | | Hammonton, NJ 08037-2533 | | | | |
| 8 | Principal occu Not Employe | | 9 Employer (See Instructions | i) | | |
| | Date 07/19/2024 | Full name of contributor out-of-state PAC (ID#: Goerner, Jon Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu | Dallas, TX 75205-4109 Dation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Retail | | | | | |
| | Date 08/19/2024 | Full name of contributor out-of-state PAC (ID#: Goerner, Jon Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$5.00 |
| | | Dallas, TX 75205-4109 | | | | |
| | Principal occu Retail | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 09/19/2024 | Full name of contributor out-of-state PAC (ID#:_Goerner, Jon Contributor address; City; State; Zip Code Dallas, TX 75205-4109 |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Retail | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Date 07/25/2024 | Full name of contributor out-of-state PAC (ID#:_ Gonzales, Veronica Contributor address; City; State; Zip Code Edinburg, TX 78539-5904 |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu University Ac | oation / Job title (See Instructions) Iministrator | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULE | A1 |
|---|---------------------------------|---|----------------------------|----------------|---|-----------|
| | The Instruc | tion Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 48/107 Rpt: 52/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | 07/18/2024 | 5 Full name of contributor out-of-state PAC (ID#: Gore, Gail 6 Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$10.00 |
| | | Bedford, TX 76021-4257 | | | | |
| 8 | Principal occup Not Employe | | Employer (See Instructions | () | | |
| | Date 07/10/2024 | Full name of contributor out-of-state PAC (ID#: Greene, Zina Contributor address; City; State; Zip Code Washington, DC 20008-5112 |) | | Amount of Contribution (\$) | \$20.00 |
| | Principal occup | nation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ;) | | |
| | Not employed | 1 | | | | |
| | Date 08/10/2024 | Full name of contributor out-of-state PAC (ID#: Greene, Zina Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$20.00 |
| | | Washington, DC 20008-5112 | | | | |
| | Principal occup Not employed | nation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 09/10/2024 | Full name of contributor out-of-state PAC (ID#: Greene, Zina Contributor address; City; State; Zip Code Washington, DC 20008-5112 | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occup Not employed | nation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/05/2024 | Full name of contributor out-of-state PAC (ID#: Greenfield, Stuart J Contributor address; City; State; Zip Code Austin, TX 78757-6811 | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occup Lecturer | ation / Job title (See Instructions) | Employer (See Instructions | i) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTI | ONS | | SCHEDULE | E A1 |
|---|-------------------------------|--|------------------------------|----------------|---|---------|
| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 49/107 Rpt: 53/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/05/2024 | Full name of contributor out-of-state PAC (ID# Greenfield, Stuart J Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$10.00 |
| | | Austin, TX 78757-6811 | | | | |
| 8 | Principal occu Lecturer | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Date 09/05/2024 | Full name of contributor out-of-state PAC (ID# Greenfield, Stuart J Contributor address; City; State; Zip Code | :) | • | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | Austin, TX 78757-6811 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | | |
| | Date 07/18/2024 | Contributor address; City; State; Zip Code | :) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | Houston, TX 77009-6629 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | | |
| | Date 08/18/2024 | Full name of contributor out-of-state PAC (ID# Greer, Andrea Contributor address; City; State; Zip Code Houston, TX 77009-6629 | :) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu fundraising | pation / Job title (See Instructions) | Employer (See Instructions | <u>l</u> S) | | |
| | Date 09/18/2024 | Full name of contributor out-of-state PAC (ID# Greer, Andrea Contributor address; City; State; Zip Code Houston, TX 77009-6629 | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu fundraising | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
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| | MONET | ARY POLITICAL CONTRIBI | UTIONS | SCHEDULE A1 |
|---|-------------------------------|---|------------------------------|---|
| | The Instru | ction Guide explains how to complete | e this form. | 1 Total pages Schedule A1: Sch: 50/107 Rpt: 54/156 |
| 2 | FILER NAME Annie's List | | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 | Date 09/24/2024 | Full name of contributor out-of-state PA Grove, Nancy Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$25.00 |
| | | Beaumont, TX 77706-6162 | | |
| 8 | Principal occu Not employe | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) |
| | Date 09/09/2024 | Full name of contributor out-of-state PAGuajardo, Linda Contributor address; City; State; Zip Code | AC (ID#:) | Amount of Contribution (\$) \$10.00 |
| | Principal occu | San Antonio, TX 78230-5035 Dation / Job title (See Instructions) | Employer (See Instructions | 5) |
| | Paralegal | | | |
| | Date 07/02/2024 | Full name of contributor out-of-state PA Guilloud, Nancy Contributor address; City; State; Zip Code | AC (ID#:) | Amount of Contribution (\$) \$100.00 |
| | | Houston, TX 77042-1321 | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | 5) |
| | Date 09/24/2024 | Full name of contributor out-of-state PA Gullickson, Douglas Contributor address; City; State; Zip Code Austin, TX 78701-2853 | AC (ID#:) | Amount of Contribution (\$) \$100.00 |
| | Principal occu Retired | oation / Job title (See Instructions) | Employer (See Instructions | 5) |
| | Date 09/10/2024 | Full name of contributor out-of-state PAGutierrez, Gloria Contributor address; City; State; Zip Code San Antonio, TX 78212-0534 | AC (ID#:) | Amount of Contribution (\$) \$25.00 |
| | Principal occu Not Employe | oation / Job title (See Instructions) | Employer (See Instructions | ; s) |
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| | MONET | ARY POLITICAL CONTRIBUT | ΓIONS | | | SCHEDUL | E A1 |
|---|-------------------------------|--|-------------|---------------------------|---|---|-------------|
| | The Instruc | ction Guide explains how to complete th | is form. | | 1 | Total pages Schedule A1: Sch: 51/107 Rpt: 55/156 | |
| 2 | FILER NAME Annie's List | | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 07/28/2024 | Full name of contributor out-of-state PAC (Hall, John Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$100.00 |
| | | Austin, TX 78750-1538 | | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions) | 9 Er | nployer (See Instructions |) | | |
| | Date 08/28/2024 | Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | Austin, TX 78750-1538 Dation / Job title (See Instructions) | Er | nployer (See Instructions |) | | |
| | Retired | | | | | | |
| | Date 07/25/2024 | Full name of contributor out-of-state PAC (Halliday, Jeni Ellis Contributor address; City; State; Zip Code | ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | | Houston, TX 77024-5057 | | | | | |
| | Principal occu Not Employe | oation / Job title (See Instructions) | Er | nployer (See Instructions |) | | |
| | Date 08/29/2024 | Full name of contributor out-of-state PAC (Hamje, Vena Contributor address; City; State; Zip Code Dallas, TX 75218-1830 | |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | oation / Job title (See Instructions) d | Er | nployer (See Instructions |) | | |
| | Date 07/12/2024 | Full name of contributor out-of-state PAC (Hampton, Linda Contributor address; City; State; Zip Code Austin, TX 78759-3968 | |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not Employe | oation / Job title (See Instructions) | Er | nployer (See Instructions |) | | |
| | | | I | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDULE | A1 |
|---|----------------------------|---|---------------------------------|----------|---|---------|
| | The Instru | ction Guide explains how to complete this t | form. | 1 | Total pages Schedule A1: Sch: 52/107 Rpt: 56/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/12/2024 | Full name of contributor out-of-state PAC (ID#: Hampton, Linda Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$5.00 |
| _ | Daine in all a con- | Austin, TX 78759-3968 | In Frankrick (On the transition | | | |
| 8 | Not Employe | pation / Job title (See Instructions) d | 9 Employer (See Instructions | 5) | | |
| | Date 09/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Hampton, Linda Contributor address; City; State; Zip Code Austin, TX 78759-3968 | | | Amount of Contribution (\$) | \$5.00 |
| | | pation / Job title (See Instructions) | Employer (See Instructions | <u>(</u> | | |
| | Not Employe | d | | | | |
| | Date 07/09/2024 | Full name of contributor out-of-state PAC (ID#:_ Hanks, Kendyl Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | | Austin, TX 78704-3624 | | | | |
| | Principal occu Lawyer | pation / Job title (See Instructions) | Employer (See Instructions | () | | |
| | Date 08/09/2024 | Full name of contributor out-of-state PAC (ID#:_Hanks, Kendyl Contributor address; City; State; Zip Code Austin, TX 78704-3624 | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Lawyer | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 09/09/2024 | Full name of contributor out-of-state PAC (ID#:_Hanks, Kendyl Contributor address; City; State; Zip Code Austin, TX 78704-3624 | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
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| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|-------------------------------|---|------------------------------|----------------|---|-------------|
| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 53/107 Rpt: 57/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 08/29/2024 | Full name of contributor out-of-state PAC (ID# Harbeck, Hope Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Dallas, TX 75243-6304 | | | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions) d | 9 Employer (See Instructions | s) | | |
| | Date 07/21/2024 | Full name of contributor out-of-state PAC (ID# Harman, Judith L. Contributor address; City; State; Zip Code Fort Worth, TX 76109-1153 | :) | | Amount of Contribution (\$) | \$100.00 |
| | | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | | |
| _ | Not Employe Date | Full name of contributor | | Т | Amount of Contribution (\$) | |
| | 07/20/2024 | Harper, Lis | | | (4) | \$209.00 |
| | | Houston, TX 77030-2028 | 1 | | | |
| | | pation / Job title (See Instructions) and Project Manager | Employer (See Instructions | s) | | |
| | Date 08/20/2024 | Full name of contributor out-of-state PAC (ID# Harper, Lis Contributor address; City; State; Zip Code Houston, TX 77030-2028 | :) | | Amount of Contribution (\$) | \$209.00 |
| | · | oation / Job title (See Instructions) and Project Manager | Employer (See Instructions | s) | | |
| | Date 09/20/2024 | Full name of contributor out-of-state PAC (ID# Harper, Lis Contributor address; City; State; Zip Code Houston, TX 77030-2028 | | | Amount of Contribution (\$) | \$209.00 |
| | | oation / Job title (See Instructions) and Project Manager | Employer (See Instructions | s) | | |
| | | | 1 | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULE | A1 |
|---|-------------------------------|--|------------------------------|----|---|-----------|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 54/107 Rpt: 58/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/17/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$10.00 |
| | | Dallas, TX 75230-2240 | | | | |
| 8 | Principal occu RN LMSW | pation / Job title (See Instructions) | 9 Employer (See Instructions | i) | | |
| | Date 07/31/2024 | Full name of contributor out-of-state PAC (ID#:_ Hensel, Frederick Contributor address; City; State; Zip Code Houston, TX 77074-4726 | | | Amount of Contribution (\$) | \$1.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/28/2024 | Full name of contributor out-of-state PAC (ID#:_ Hernandez, George Contributor address; City; State; Zip Code San Antonio, TX 78228-2032 | | | Amount of Contribution (\$) \$. | 1,000.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/28/2024 | Full name of contributor out-of-state PAC (ID#:_ Hernandez, George Contributor address; City; State; Zip Code San Antonio, TX 78228-2032 |) | | Amount of Contribution (\$) \$. | 1,000.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/08/2024 | Full name of contributor out-of-state PAC (ID#:_ Hernholm, Cameron Contributor address; City; State; Zip Code Dallas, TX 75223-1124 | | | Amount of Contribution (\$) | \$10.00 |
| | • | pation / Job title (See Instructions) hropy Officer | Employer (See Instructions | 5) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULE | A1 |
|---|-------------------------------|--|------------------------------|----|---|-----------|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 55/107 Rpt: 59/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/08/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$10.00 |
| _ | | Dallas, TX 75223-1124 | | | | |
| 8 | | pation / Job title (See Instructions) hropy Officer | 9 Employer (See Instructions | 5) | | |
| | Date 09/08/2024 | Full name of contributor out-of-state PAC (ID#:_ Hernholm, Cameron Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | Dallas, TX 75223-1124 pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | | hropy Officer | Employer (See instructions | ') | | |
| | Date 07/25/2024 | Full name of contributor | | | Amount of Contribution (\$) | \$50.00 |
| | | Houston, TX 77005-3929 | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/31/2024 | Full name of contributor out-of-state PAC (ID#:_Hobbs, Ann Contributor address; City; State; Zip Code Silver Spring, MD 20901-4020 | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/14/2024 | Full name of contributor out-of-state PAC (ID#:_ Hodges, Adam Contributor address; City; State; Zip Code Houston, TX 77006-4218 | | | Amount of Contribution (\$) | \$45.00 |
| | Principal occu Professor | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
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| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULI | E A1 |
|---|-------------------------------|---|------------------------------|----------|---|-------------|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 56/107 Rpt: 60/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | ı Filers) |
| 4 | Date 08/14/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$45.00 |
| | | Houston, TX 77006-4218 | | | | |
| 8 | Principal occu Professor | pation / Job title (See Instructions) | 9 Employer (See Instructions | i) | | |
| | Date 09/14/2024 | Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$45.00 |
| | Principal occu | Houston, TX 77006-4218 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Professor | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 07/29/2024 | Hodgkins, Cynthia Contributor address; City; State; Zip Code | | | | \$25.00 |
| | Principal occu | Fort Worth, TX 76109-2601 pation / Job title (See Instructions) | Employer (See Instructions | <u>)</u> | | |
| | Director | (| | , | | |
| | Date 08/20/2024 | Full name of contributor out-of-state PAC (ID#: Holbrook, Wyndee Contributor address; City; State; Zip Code San Antonio, TX 78232-5118 | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Coordinatot | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/29/2024 | Full name of contributor out-of-state PAC (ID#:_ Holbrook, Wyndee Contributor address; City; State; Zip Code San Antonio, TX 78232-5118 | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Coordinatot | oation / Job title (See Instructions) | Employer (See Instructions | i) | | |
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| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULE | ■ A1 |
|---|---------------------------------|--|------------------------------|----------|---|-------------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 57/107 Rpt: 61/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 09/01/2024 | Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$15.00 |
| | | Huntingtown, MD 20639-0965 | | | | |
| 8 | Principal occup Not Employe | | 9 Employer (See Instructions | s) | | |
| | Date 09/24/2024 | Full name of contributor out-of-state PAC (ID#: Hollinger, Mary |) | | Amount of Contribution (\$) | \$10.00 |
| _ | Principal occup | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Not Employe | d | | | | |
| | Date 07/21/2024 | Full name of contributor out-of-state PAC (ID#: Holzer, Jean Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$18.00 |
| | | Galveston, TX 77551-1745 | | | | |
| | Principal occup systems & da | pation / Job title (See Instructions) ata analyst | Employer (See Instructions | 5) | | |
| | Date 08/21/2024 | Full name of contributor out-of-state PAC (ID#: Holzer, Jean Contributor address; City; State; Zip Code Galveston, TX 77551-1745 | | | Amount of Contribution (\$) | \$18.00 |
| | Principal occup systems & da | pation / Job title (See Instructions) ata analyst | Employer (See Instructions | 5) | | |
| | Date 09/21/2024 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$18.00 |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | systems & da | ata analyst | | | | |
| | | | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTIO |)NS | | SCHEDULE | E A1 |
|---|-------------------------------|---|--|------------------------------|-----------|---|-------------|
| | The Instru | ction Guide explains how | to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 58/107 Rpt: 62/156 | |
| 2 | FILER NAME Annie's List | | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/08/2024 | Full name of contributor Hovey, KristaContributor address; City; Sta | out-of-state PAC (ID#:_ ate; Zip Code | | 7 | Amount of Contribution (\$) | \$50.00 |
| 8 | Principal occu | Pasadena, TX 77505-374 | | 9 Employer (See Instructions | <u>''</u> | | |
| | Not Employe | | 1 | Employer (See Instructions | ·) | | |
| | Date 07/27/2024 | Full name of contributor Howard, Elaine Contributor address; City; Sta | out-of-state PAC (ID#:_ ate; Zip Code |) | | Amount of Contribution (\$) | \$30.00 |
| _ | Principal occu | Houston, TX 77025-3663 |) | Employer (See Instructions | | | |
| | Attorney | | | | | | |
| | Date 08/27/2024 | Full name of contributor Howard, Elaine Contributor address; City; Sta | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$30.00 |
| | I | Houston, TX 77025-3663 | | | | | |
| | Principal occu Attorney | pation / Job title (See Instructions) |) | Employer (See Instructions | 5) | | |
| | Date 07/30/2024 | Full name of contributor Hunt, Amy Contributor address; City; Sta Dallas, TX 75229-5048 | | | • | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Legal marke | pation / Job title (See Instructions) |) | Employer (See Instructions | S) | | |
| | Date 08/30/2024 | Full name of contributor Hunt, Amy Contributor address; City; Sta | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Legal marke | pation / Job title (See Instructions) |) | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDUL | E A1 |
|---|-------------------------------|--|------------------------------|---|---|-------------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 59/107 Rpt: 63/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 09/17/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$25.00 |
| | | Farmers Branch, TX 75234-2550 | | | | |
| 8 | Principal occu retired | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 09/24/2024 | Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu | Farmers Branch, TX 75234-2550 Dation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/01/2024 | Full name of contributor out-of-state PAC (ID#: Jasso, Pat Dominguez Contributor address; City; State; Zip Code San Antonio, TX 78223-3322 |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 09/25/2024 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 09/24/2024 | Full name of contributor out-of-state PAC (ID#: Jenkins, Joan F. Contributor address; City; State; Zip Code Wimberley, TX 78676-5201 |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CO | ONTRIBUTION | IS | | SCHEDUI | _E A1 |
|---|---------------------------------|--|-----------------------------------|----------------------------|----------------|---|--------------|
| | The Instru | ction Guide explains how to | o complete this for | n. | 1 | Total pages Schedule A1: Sch: 60/107 Rpt: 64/156 | |
| 2 | FILER NAME Annie's List | | | | 3 | Filer ID (Ethics Commission 00053715 | on Filers) |
| 4 | Date 09/01/2024 | 5 Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$10.00 |
| | | La Mesa, CA 91941-8047 | | | | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions) d | 9 | Employer (See Instructions | 5) | | |
| | Date 07/17/2024 | Full name of contributor Johnson-Blalock, Jennifer Contributor address; City; State New York, NY 10001-6261 | out-of-state PAC (ID#:e; Zip Code |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> 5) | | |
| | Date 08/17/2024 | Full name of contributor Johnson-Blalock, Jennifer Contributor address; City; State | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | New York, NY 10001-6261 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> 5) | | |
| | Date 09/17/2024 | Full name of contributor Johnson-Blalock, Jennifer Contributor address; City; State New York, NY 10001-6261 | out-of-state PAC (ID#:e; Zip Code |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu literary agen | pation / Job title (See Instructions) | | Employer (See Instructions | <u>(</u> | | |
| | Date 09/20/2024 | Full name of contributor Jones, Geneva Contributor address; City; State Missouri City, TX 77459-631 | . , |) | | Amount of Contribution (\$) | \$5,000.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDUL | E A1 |
|---|-------------------------------|--|----------------------------|---|---|-------------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 61/107 Rpt: 65/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 09/05/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Burr Ridge, IL 60527-8323 | | | | |
| 8 | Principal occu Not employe | | Employer (See Instructions |) | | |
| | Date 08/01/2024 | Full name of contributor out-of-state PAC (ID#: Jones, Robert Contributor address; City; State; Zip Code Dallas, TX 75218-4438 |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 09/08/2024 | Full name of contributor out-of-state PAC (ID#: Jones, Sarah Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$150.00 |
| | Delicalization | San Antonio, TX 78209-5123 | Farada and (One backward) | | | |
| | Artist | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/18/2024 | Full name of contributor out-of-state PAC (ID#: Jordan, Janet Contributor address; City; State; Zip Code Duncanville, TX 75137-4525 | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/29/2024 | Full name of contributor out-of-state PAC (ID#: Out-of-state PAC (ID#: KING, STEPHEN Contributor address; City; State; Zip Code Houston, TX 77061-3831 | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Professor | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | · | | | | |

| | MONET | ARY POLITICAL CONTRIBU | TIONS | | SCHEDUL | E A1 |
|---|----------------------------------|---|------------------------------|-----|---|-------------|
| | The Instru | ction Guide explains how to complete t | his form. | 1 | Fotal pages Schedule A1: Sch: 62/107 Rpt: 66/156 | |
| 2 | FILER NAME Annie's List | | | 1 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 08/29/2024 | Full name of contributor | | 7 / | Amount of Contribution (\$) | \$10.00 |
| | | Houston, TX 77061-3831 | | | | |
| 8 | Principal occu Professor | pation / Job title (See Instructions) | 9 Employer (See Instructions | ıs) | | |
| | Date 07/31/2024 | Full name of contributor out-of-state PAC Karempudi, Sahiti Contributor address; City; State; Zip Code | (ID#:) | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu | Austin, TX 78702-5313 pation / Job title (See Instructions) | Employer (See Instructions | ıs) | | |
| | program coo | | | | | |
| | Date 08/31/2024 | Full name of contributor out-of-state PAC Karempudi, Sahiti Contributor address; City; State; Zip Code | (ID#:) | | Amount of Contribution (\$) | \$200.00 |
| | | Austin, TX 78702-5313 | | | | |
| | Principal occu program coo | pation / Job title (See Instructions) rdinator | Employer (See Instructions | ıs) | | |
| | Date 07/31/2024 | Full name of contributor out-of-state PAC Karny, Lori Contributor address; City; State; Zip Code Los Angeles, CA 90048-5126 | · (ID#:) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Clinical Socia | oation / Job title (See Instructions) al Worker | Employer (See Instructions | is) | | |
| | Date 08/01/2024 | Full name of contributor out-of-state PAC Karny, Lori Contributor address; City; State; Zip Code Los Angeles, CA 90048-5126 | (ID#:) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Clinical Socia | oation / Job title (See Instructions) al Worker | Employer (See Instructions | ıs) | | |
| | | | ' | | | |

| | MONETA | RY POLITICAL CONTRIBUTIO | NS | | SCHEDULE | A1 |
|---|-------------------------------|---|------------------------------|---|---|-----------|
| | The Instructi | on Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 63/107 Rpt: 67/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | 08/31/2024 | Full name of contributor out-of-state PAC (ID#:_Khan, Don Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$15.00 |
| | | San Antonio, TX 78230-1705 | | | | |
| 8 | Principal occupa Not Employed | tion / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 09/01/2024 | Full name of contributor out-of-state PAC (ID#:_Khan, Don Contributor address; City; State; Zip Code San Antonio, TX 78230-1705 | | | Amount of Contribution (\$) | \$15.00 |
| | | tion / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Not Employed | | | | | |
| | Date 09/01/2024 | Full name of contributor out-of-state PAC (ID#: Khan, Don Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$15.00 |
| | | San Antonio, TX 78230-1705 | | | | |
| | Principal occupa Not Employed | tion / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/03/2024 | Full name of contributor out-of-state PAC (ID#:_Khoslas, Joan Contributor address; City; State; Zip Code Houston, TX 77292-0720 |) | | Amount of Contribution (\$) | \$20.00 |
| | Principal occupa CPA | tion / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/03/2024 | Full name of contributor out-of-state PAC (ID#:_Khoslas, Joan Contributor address; City; State; Zip Code Houston, TX 77292-0720 | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occupa CPA | tion / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBU | JTIONS | SCHEDULE A1 |
|---|----------------------------|--|------------------------------|---|
| | The Instru | ction Guide explains how to complete t | this form. | 1 Total pages Schedule A1: Sch: 64/107 Rpt: 68/156 |
| 2 | FILER NAME Annie's List | | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 | Date 09/03/2024 | Full name of contributor out-of-state PAC | | 7 Amount of Contribution (\$) \$20.00 |
| | | Houston, TX 77292-0720 | | |
| 8 | Principal occu CPA | pation / Job title (See Instructions) | 9 Employer (See Instructions | ns) |
| | Date 09/20/2024 | Contributor address; City; State; Zip Code | C (ID#:) | Amount of Contribution (\$) |
| | Principal occu | Pittsburgh, PA 15217-2586 pation / Job title (See Instructions) | Employer (See Instructions | ns) |
| | Patent Attorr | ey | | |
| | Date 08/06/2024 | Full name of contributor out-of-state PAG Koli, Anuradha Contributor address; City; State; Zip Code | C (ID#:) | Amount of Contribution (\$) |
| | | Austin, TX 78723-0005 | | |
| | Principal occu Director | oation / Job title (See Instructions) | Employer (See Instructions | ns) |
| | Date 07/16/2024 | Full name of contributor out-of-state PAC LOWREY, AMY L Contributor address; City; State; Zip Code Austin, TX 78704-2412 | C (ID#:) | Amount of Contribution (\$) |
| | Principal occu singer | oation / Job title (See Instructions) | Employer (See Instructions | ns) |
| | Date 07/27/2024 | Full name of contributor out-of-state PAC LOWREY, AMY L Contributor address; City; State; Zip Code Austin, TX 78704-2412 | C (ID#:) | Amount of Contribution (\$) |
| | Principal occu singer | pation / Job title (See Instructions) | Employer (See Instructions | ns) |
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| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDUL | E A1 |
|---|-------------------------------|--|-----------------------------|-------------|---|-------------|
| | The Instru | ction Guide explains how to complete this for | rm. | | otal pages Schedule A1: ch: 65/107 Rpt: 69/156 | |
| 2 | FILER NAME Annie's List | | | | ler ID (Ethics Commission 0053715 | n Filers) |
| 4 | Date 08/16/2024 | Full name of contributor | | 7 At | mount of Contribution (\$) | \$10.00 |
| 8 | Principal occu | Austin, TX 78704-2412 pation / Job title (See Instructions) | Employer (See Instructions) | <u> </u> | | |
| • | singer | | Employer (See Instructions) | | | |
| | Date 08/27/2024 | Full name of contributor out-of-state PAC (ID#: LOWREY, AMY L Contributor address; City; State; Zip Code |) | Αı | mount of Contribution (\$) | \$25.00 |
| | Principal occu | Austin, TX 78704-2412 pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | Date 09/16/2024 | Full name of contributor out-of-state PAC (ID#: LOWREY, AMY L Contributor address; City; State; Zip Code Austin, TX 78704-2412 | | Aı | mount of Contribution (\$) | \$10.00 |
| | Principal occu singer | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | Date 07/28/2024 | Full name of contributor out-of-state PAC (ID#: Laird, Anna Contributor address; City; State; Zip Code Lewisville, TX 75056-6037 | | Ar | mount of Contribution (\$) | \$1.00 |
| | Principal occu law intern | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | Date 07/18/2024 | Full name of contributor out-of-state PAC (ID#: Lambert, Ruth Contributor address; City; State; Zip Code Melbourne, FL 32940-6815 | | Ar | mount of Contribution (\$) | \$22.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | | <u>, </u> | | | | |

| | MONET | ARY POLITICAL CONTRIB | UTION | IS | | SCHEDUL | E A1 |
|---|-------------------------------|--|----------|----------------------------|----------------|---|-------------|
| | The Instru | ction Guide explains how to complete | this for | m. | 1 | Total pages Schedule A1: Sch: 66/107 Rpt: 70/156 | |
| 2 | FILER NAME Annie's List | | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 08/18/2024 | Full name of contributor | , |) | 7 | Amount of Contribution (\$) | \$22.00 |
| | | Melbourne, FL 32940-6815 | | | | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions) d | 9 | Employer (See Instructions | s) | | |
| | Date 09/18/2024 | Contributor address; City; State; Zip Code | AC (ID#: |) | | Amount of Contribution (\$) | \$22.00 |
| | Principal occu | Melbourne, FL 32940-6815 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> s) | | |
| | Not Employe | d | | | | | |
| | Date 09/03/2024 | Full name of contributor out-of-state Price Larkin, Carole Contributor address; City; State; Zip Code | - |) | | Amount of Contribution (\$) | \$100.00 |
| | | Irving, TX 75062-3646 | | | | | |
| | Principal occu Retired | oation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 09/20/2024 | Full name of contributor out-of-state Proceeding Carole Contributor address; City; State; Zip Code Irving, TX 75062-3646 | - |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Retired | oation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 07/05/2024 | Full name of contributor out-of-state Proceeding of the process of | | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Engineer | oation / 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 fo | rm. | 1 | Total pages Schedule A1: Sch: 67/107 Rpt: 71/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/05/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$10.00 |
| | | Sunnyvale, CA 94087-5202 | | | | |
| 8 | Principal occu Engineer | pation / Job title (See Instructions) | Employer (See Instructions | i) | | |
| | Date 09/05/2024 | Full name of contributor out-of-state PAC (ID#: Le, Mai Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | Sunnyvale, CA 94087-5202 pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Engineer | oalion / Job title (See instructions) | Employer (See instructions | ') | | |
| | Date 09/12/2024 | Full name of contributor out-of-state PAC (ID#: Lee, Michael Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$25.00 |
| | | San Jose, CA 95120-2232 | | | | |
| | Principal occu Not employe | pation / Job title (See Instructions) | Employer (See Instructions | i) | | |
| | Date 07/18/2024 | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/18/2024 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
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| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULE | ■ A1 |
|---|----------------------------|---|------------------------------|----|---|-------------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 68/107 Rpt: 72/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 09/18/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$20.00 |
| | | Austin, TX 78756-3525 | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 07/18/2024 | Full name of contributor out-of-state PAC (ID#:_ Lemmond, Byron Contributor address; City; State; Zip Code Katy, TX 77449-7504 | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/14/2024 | Full name of contributor out-of-state PAC (ID#:_ Lervisit, Woot Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Attorney | Dallas, TX 75243-4001 pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/14/2024 | Full name of contributor out-of-state PAC (ID#: Lervisit, Woot Contributor address; City; State; Zip Code Dallas, TX 75243-4001 | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 09/14/2024 | Full name of contributor out-of-state PAC (ID#:_ Lervisit, Woot Contributor address; City; State; Zip Code Dallas, TX 75243-4001 |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
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| | MONET | ARY POLITICAL CONTRI | IBUTION | IS | | SCHEDULE | A1 |
|---|-------------------------------|--|--------------|----------------------------|---|---|-----------|
| | The Instru | ction Guide explains how to compl | ete this for | m. | 1 | Total pages Schedule A1: Sch: 69/107 Rpt: 73/156 | |
| 2 | FILER NAME Annie's List | | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/09/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$25.00 |
| | | Sonoma, CA 95476-2031 | | | | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions) d | 9 | Employer (See Instructions | s) | | |
| | Date 09/10/2024 | Liefert, Laurel | te PAC (ID#: | | | Amount of Contribution (\$) | \$10.00 |
| _ | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Date 08/16/2024 | Lightbourn, Rita Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | San Antonio, TX 78201-3140 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> ;) | | |
| | Date 09/25/2024 | Full name of contributor out-of-state | |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u>l</u> s) | | |
| | Date 09/06/2024 | Lopez, Rebecca | | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | | | L | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDUL | E A1 |
|---|----------------------------|---|------------------------------|----------|---|-------------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 70/107 Rpt: 74/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 07/22/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$20.00 |
| | | Houston, TX 77024-8001 | | | | |
| 8 | Principal occu Sales | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 08/22/2024 | Full name of contributor out-of-state PAC (ID#: Lowery, Sandra S. (Ms.) Contributor address; City; State; Zip Code Houston, TX 77024-8001 |) | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Sales | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/29/2024 | Full name of contributor out-of-state PAC (ID#: Lowery, Sandra S. (Ms.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Sales | Houston, TX 77024-8001 pation / Job title (See Instructions) | Employer (See Instructions | i) | | |
| | Date 09/22/2024 | Full name of contributor out-of-state PAC (ID#: Lowery, Sandra S. (Ms.) Contributor address; City; State; Zip Code Houston, TX 77024-8001 | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Sales | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Date 07/04/2024 | Full name of contributor out-of-state PAC (ID#:Lucido, Rita Contributor address; City; State; Zip Code Houston, TX 77002-1741 |) | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu attorney | pation / Job title (See Instructions) | Employer (See Instructions | () | | |
| | | <u> </u> | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|-------------------------------|---|------------------------------|----------------|---|-------------|
| | The Instru | ction Guide explains how to complete this t | form. | 1 | Total pages Schedule A1: Sch: 71/107 Rpt: 75/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 08/04/2024 | Full name of contributor out-of-state PAC (ID#: Lucido, Rita Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$200.00 |
| | | Houston, TX 77002-1741 | | | | |
| 8 | Principal occu attorney | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Date 09/04/2024 | Full name of contributor out-of-state PAC (ID#:_Lucido, Rita Contributor address; City; State; Zip Code | | • | Amount of Contribution (\$) | \$200.00 |
| | Principal occu | Houston, TX 77002-1741 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | | |
| | Date 09/25/2024 | Full name of contributor out-of-state PAC (ID#:_ Lyon, Linda Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | Redmond, WA 98052-5403 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | | |
| | Date 07/25/2024 | Full name of contributor out-of-state PAC (ID#:_MPH, H. Leabah Winter | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>l</u> S) | | |
| | Date 07/22/2024 | Full name of contributor out-of-state PAC (ID#:_Madden, Judy Contributor address; City; State; Zip Code San Antonio, TX 78216-7708 | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | Employer (See Instructions | 5) | | |
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| | MONETA | ARY POLITICAL CONTRIBUTI | ONS | | SCHEDUL | E A1 |
|---|---------------------------------|---|------------------------------|----------------|---|-------------|
| | The Instruc | tion Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 72/107 Rpt: 76/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | 08/22/2024 | Full name of contributor out-of-state PAC (ID# Madden, Judy 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$10.00 |
| | | San Antonio, TX 78216-7708 | _ | | | |
| 8 | Principal occup Not Employed | ation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Date 09/22/2024 | Full name of contributor out-of-state PAC (ID# | #:) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occup | ation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | | |
| | Not Employed | 1 | | | | |
| | Date 09/10/2024 | Full name of contributor out-of-state PAC (ID# Maldonado, Linda Contributor address; City; State; Zip Code | #:) | • | Amount of Contribution (\$) | \$10.00 |
| | | San Antonio, TX 78254-2206 | | | | |
| | Principal occup Not Employed | ation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/31/2024 | Full name of contributor out-of-state PAC (ID# Martin, Stephen Contributor address; City; State; Zip Code Pinole, CA 94564-1220 | #:) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occup | ation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/31/2024 | Full name of contributor out-of-state PAC (ID# Martin, Stephen Contributor address; City; State; Zip Code Pinole, CA 94564-1220 | #:) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occup Not Employed | ation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTIO | NS | | SCHEDULE | A1 |
|---|-------------------------------|--|---------------------------------------|------------------------------|----------------|---|-----------|
| | The Instru | ction Guide explains how t | o complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 73/107 Rpt: 77/156 | |
| 2 | FILER NAME Annie's List | | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 09/25/2024 | 5 Full name of contributor | out-of-state PAC (ID#: e; Zip Code | | 7 | Amount of Contribution (\$) | \$25.00 |
| | | Aumsville, OR 97325-9507 | | | | | |
| 8 | Principal occu Not employe | pation / Job title (See Instructions) | ! | 9 Employer (See Instructions | s) | | |
| | Date 07/15/2024 | Full name of contributor Matthews, Spencer Contributor address; City; Stat Houston, TX 77084-4312 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> s) | | |
| | Date 08/15/2024 | Full name of contributor Matthews, Spencer Contributor address; City; Stat | out-of-state PAC (ID#:e; Zip Code |) | | Amount of Contribution (\$) | \$5.00 |
| | | Houston, TX 77084-4312 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Date 09/15/2024 | Full name of contributor Matthews, Spencer Contributor address; City; Stat Houston, TX 77084-4312 | |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 07/07/2024 | Full name of contributor Mayo, Donna Contributor address; City; Stat Belmont, MA 02478-1947 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$7.00 |
| | Principal occu Managemen | pation / Job title (See Instructions) t consultant | | Employer (See Instructions | 5) | | |
| | | | I | | | | |

| | MONETARY POLITICAL CONTRIBUT | IONS | | SCHEDULE | ■ A1 |
|---|--|------------------------------|----|---|-------------|
| | The Instruction Guide explains how to complete this | s form. | 1 | Total pages Schedule A1: Sch: 74/107 Rpt: 78/156 | |
| 2 | 2 FILER NAME Annie's List | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | 4 Date 08/07/2024 5 Full name of contributor out-of-state PAC (IE Mayo, Donna 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$7.00 |
| | Belmont, MA 02478-1947 | | | | |
| 8 | 8 Principal occupation / Job title (See Instructions) Management consultant | 9 Employer (See Instructions | s) | | |
| | Date O9/07/2024 Mayo, Donna Contributor address; City; State; Zip Code Belmont, MA 02478-1947 | D#:) | | Amount of Contribution (\$) | \$7.00 |
| | Principal occupation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Management consultant | | | | |
| | Date Full name of contributor out-of-state PAC (IE 08/19/2024 Mazuca, Theresa Contributor address; City; State; Zip Code | D#:) | | Amount of Contribution (\$) | \$10.00 |
| | San Antonio, TX 78216-1777 | | | | |
| | Principal occupation / Job title (See Instructions) Not employed | Employer (See Instructions | s) | | |
| | Date O8/26/2024 Full name of contributor Out-of-state PAC (IE Mazuca-Garcia, Theresa Contributor address; City; State; Zip Code San Antonio, TX 78216-1777 | D#:) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions | s) | | |
| | Date O9/04/2024 Full name of contributor Out-of-state PAC (IE O9/04/2024 Mazuca-Garcia, Theresa Contributor address; City; State; Zip Code San Antonio, TX 78216-1777 | D#:) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions | s) | | |
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| | MONET | ARY POLITICAL CONTR | IBUTION | IS | | SCHEDULE | A1 |
|---|-------------------------------|--|---------------|----------------------------|---|---|-----------|
| | The Instru | ction Guide explains how to compl | lete this for | m. | 1 | Total pages Schedule A1: Sch: 75/107 Rpt: 79/156 | |
| 2 | FILER NAME Annie's List | | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 07/17/2024 | Full name of contributor out-of-sta McCormack, Maureen Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$10.00 |
| | | Austin, TX 78757-1949 | | | | | |
| 8 | Principal occu Not employe | pation / Job title (See Instructions) d | 9 | Employer (See Instructions | s) | | |
| | Date 08/17/2024 | McCormack, Maureen Contributor address; City; State; Zip Code | te PAC (ID#: | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not employe | Austin, TX 78757-1949 Dation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Date 09/17/2024 | McCormack, Maureen | e | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | Austin, TX 78757-1949 pation / Job title (See Instructions) | | Employer (See Instructions | - s) | | |
| | Not employe | d | | | | | |
| | Date 07/26/2024 | McDaniel, Patrick | | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Forester | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Date 08/26/2024 | McDaniel, Patrick | | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Forester | oation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | | | l | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | TIONS | | SCHEDUL | E A1 |
|---|--------------------------------|---|------------------------------|-----|---|-------------|
| | The Instru | tion Guide explains how to complete thi | s form. | 1 | Total pages Schedule A1: Sch: 76/107 Rpt: 80/156 | |
| 2 | FILER NAME Annie's List | | | | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 09/26/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Sacramento, CA 95818-4106 | | | | |
| 8 | Principal occu Forester | oation / Job title (See Instructions) | 9 Employer (See Instructions | is) | | |
| | Date 09/24/2024 | Full name of contributor out-of-state PAC (II McDuff, Rebecca Contributor address; City; State; Zip Code Austin, TX 78724-6191 | D#:) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | ns) | | |
| | Date 07/28/2024 | Full name of contributor out-of-state PAC (II McGarrahan, Andrew Contributor address; City; State; Zip Code | D#:) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Psychologist | Dallas, TX 75248-1505 Dation / Job title (See Instructions) | Employer (See Instructions | ls) | | |
| | Date 07/26/2024 | Full name of contributor out-of-state PAC (II McGuffey, Barbara Shivers Contributor address; City; State; Zip Code Houston, TX 77004-5938 | D#:) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions | is) | | |
| | Date 08/26/2024 | Full name of contributor out-of-state PAC (II McGuffey, Barbara Shivers Contributor address; City; State; Zip Code Houston, TX 77004-5938 | D#:) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Retired | oation / Job title (See Instructions) | Employer (See Instructions | is) | | |
| | | | • | | | |

| | MONET | ARY POLITICAL CO | ONTRIBUTION | IS | | SCHEDULE | ■ A1 |
|---|---------------------------------|---|--------------------------------------|----------------------------|--------|---|-------------|
| | The Instru | ction Guide explains how to | complete this for | m. | 1 | Total pages Schedule A1: Sch: 77/107 Rpt: 81/156 | |
| 2 | FILER NAME Annie's List | | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 09/26/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$25.00 |
| | | Houston, TX 77004-5938 | | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions) | 9 | Employer (See Instructions | s) | | |
| | Date 07/29/2024 | Full name of contributor McGuire, Mary Contributor address; City; State | out-of-state PAC (ID#:; Zip Code |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu | Houston, TX 77074-7739 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Not Employe | d | | | | | |
| | Date 07/07/2024 | Full name of contributor McIlheran, Sarah Contributor address; City; State | out-of-state PAC (ID#:; Zip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | | Austin, TX 78734-1525 | | | | | |
| | Principal occu physical ther | pation / Job title (See Instructions) apist | | Employer (See Instructions | 5) | | |
| | Date 08/07/2024 | Full name of contributor McIlheran, Sarah Contributor address; City; State Austin, TX 78734-1525 | out-of-state PAC (ID#:; Zip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu physical ther | pation / Job title (See Instructions) apist | | Employer (See Instructions | 5) | | |
| | Date 09/07/2024 | Full name of contributor McIlheran, Sarah Contributor address; City; State Austin, TX 78734-1525 | out-of-state PAC (ID#: ; Zip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu physical ther | pation / Job title (See Instructions) apist | | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | SCHEDULI | E A1 |
|---|--------------------------------|--|-----------------------------|---|-------------|
| | The Instru | ction Guide explains how to complete this fo | rm. | 1 Total pages Schedule A1: Sch: 78/107 Rpt: 82/156 | |
| 2 | FILER NAME Annie's List | | | 3 Filer ID (Ethics Commission 00053715 | r Filers) |
| 4 | Date 07/08/2024 | Full name of contributor | | 7 Amount of Contribution (\$) | \$20.00 |
| 8 | Principal occu | Austin, TX 78759-4723 pation / Job title (See Instructions) | Employer (See Instructions) | as) | |
| | Assistant GC | | | Amount of Contribution (\$) | |
| | 07/30/2024 | Mellon-Werch, Michelle Contributor address; City; State; Zip Code | | | \$10.00 |
| | Principal occu | Austin, TX 78759-4723 pation / Job title (See Instructions) | Employer (See Instructions) | | |
| | Assistant GC | | Employer (See Histractions) | 3) | |
| | Date 08/08/2024 | Full name of contributor out-of-state PAC (ID#: Mellon-Werch, Michelle Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) | \$20.00 |
| | | Austin, TX 78759-4723 | | | |
| | Principal occu Assistant GC | pation / Job title (See Instructions) | Employer (See Instructions) | is) | |
| | Date 08/30/2024 | Full name of contributor out-of-state PAC (ID#: Mellon-Werch, Michelle Contributor address; City; State; Zip Code Austin, TX 78759-4723 | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Assistant GC | pation / Job title (See Instructions) | Employer (See Instructions) | Is) | |
| | Date 09/08/2024 | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Assistant GC | pation / Job title (See Instructions) | Employer (See Instructions) | is) | |
| | | · | | | |

| | MONET | ARY POLITICAL CONTRIBUTI | ONS | | SCHEDUL | E A1 |
|---|---------------------------------|---|------------------------------|----------------|---|-------------|
| | The Instruc | tion Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 79/107 Rpt: 83/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | 07/29/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$11.00 |
| | | Westminster, CO 80031-2824 | | | | |
| 8 | Principal occup Not Employe | ation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Date 07/03/2024 | Full name of contributor out-of-state PAC (ID# Miller, Lynn Contributor address; City; State; Zip Code Austin, TX 78752-3333 | ·) | | Amount of Contribution (\$) | \$10.00 |
| | | ation / Job title (See Instructions) | Employer (See Instructions | <u>I</u> S) | | |
| | Not Employe | 1 | | | | |
| | Date 07/29/2024 | Full name of contributor out-of-state PAC (ID# Minter, Shannon Contributor address; City; State; Zip Code | : <u> </u> | • | Amount of Contribution (\$) | \$50.00 |
| | | Pickton, TX 75471-0012 | | | | |
| | Principal occup lawyer | ation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 08/29/2024 | Full name of contributor out-of-state PAC (ID# Mitchell, John Contributor address; City; State; Zip Code Austin, TX 78756-2203 | : | | Amount of Contribution (\$) | \$250.00 |
| | Principal occup Not Employe | ation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 07/28/2024 | Full name of contributor out-of-state PAC (ID# Mix, Darcy Contributor address; City; State; Zip Code San Antonio, TX 78212-2346 | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occup Self employe | ation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | 1 | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULE | A1 |
|---|--------------------------------|---|----------------------------|---|---|-----------|
| | The Instru | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 80/107 Rpt: 84/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission Filer ID 00053715 | ilers) |
| 4 | Date 08/28/2024 | Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$100.00 |
| | | San Antonio, TX 78212-2346 | | | | |
| 8 | Principal occu Self employe | | Employer (See Instructions |) | | |
| | Date 09/09/2024 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Consultant | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/25/2024 | Full name of contributor out-of-state PAC (ID#: Morales, Linda Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | Houston, TX 77009-1928 cation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/31/2024 | Full name of contributor out-of-state PAC (ID#: Moskowitz, Anns | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 09/23/2024 | Full name of contributor out-of-state PAC (ID#: Mostyn, Amber Contributor address; City; State; Zip Code Houston, TX 77019-3001 | | | Amount of Contribution (\$) \$20 | ,000.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CO | NTRIBUTION | S | | SCHEDULI | E A1 |
|---|-------------------------------|--|------------------------------------|----------------------------|----------------|---|-----------|
| | The Instru | ction Guide explains how to | complete this forr | n. | 1 | Total pages Schedule A1: Sch: 81/107 Rpt: 85/156 | |
| 2 | FILER NAME Annie's List | | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 07/22/2024 | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$500.00 |
| | | Austin, TX 78703-1159 | | | | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions) d | 9 | Employer (See Instructions | 5) | | |
| | Date 09/24/2024 | Nicholls, Rosalie Contributor address; City; State; | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu | Austin, TX 78748-5430 Dation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> 5) | | |
| | Not Employe | d | | | | | |
| | Date 09/24/2024 | Full name of contributor Nichols, Cheryl Contributor address; City; State; | out-of-state PAC (ID#: Zip Code |) | | Amount of Contribution (\$) | \$5.25 |
| | | Arlington, TX 76011-2620 | | | | | |
| | Principal occu Not Employe | oation / Job title (See Instructions) d | | Employer (See Instructions | 5) | | |
| | Date 07/13/2024 | Noble, Shannon | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Attorney | oation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 08/13/2024 | Noble, Shannon | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Attorney | oation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULI | E A1 |
|---|----------------------------------|--|------------------------------|---|---|-------------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 82/107 Rpt: 86/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 09/13/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Austin, TX 78735-6605 | | | | |
| 8 | Principal occu Attorney | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 08/06/2024 | Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$750.00 |
| | Principal occu | San Antonio, TX 78258-7719 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Public Affairs | , , , , , , , , , , , , , , , , , , , | , , , | | | |
| | Date 09/08/2024 | Full name of contributor out-of-state PAC (ID#: Ocanas, Gilberto Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$750.00 |
| | | San Antonio, TX 78258-7719 | | | | |
| | Principal occu Public Affairs | pation / Job title (See Instructions) s Strategist | Employer (See Instructions |) | | |
| | Date 07/18/2024 | Full name of contributor out-of-state PAC (ID#: Onderlinde, William Contributor address; City; State; Zip Code San Antonio, TX 78245-3031 |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Laborer | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 09/25/2024 | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL C | CONTRIBUTIO | ONS | | SCHEDUI | LE A1 |
|---|---------------------------------|--|--|------------------------------|----------------|---|--------------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 83/107 Rpt: 87/156 | |
| 2 | FILER NAME Annie's List | | | | 3 | Filer ID (Ethics Commission 00053715 | on Filers) |
| 4 | Date 09/25/2024 | 5 Full name of contributor Pardee, Neal6 Contributor address; City; Sta | |) | 7 | Amount of Contribution (\$) | \$10.00 |
| | | Los Angeles, CA 90026-13 | | | | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions) d | | 9 Employer (See Instructions | 5) | | |
| | Date 07/18/2024 | Full name of contributor Paul, Mary Anna Contributor address; City; Sta | out-of-state PAC (ID#:_ ate; Zip Code | | • | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | Austin, TX 78746-7871 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> s) | | |
| | Real estate broker | | | | | | |
| | Date 08/18/2024 | Full name of contributor Paul, Mary Anna Contributor address; City; Sta | out-of-state PAC (ID#:_ate; Zip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | | Austin, TX 78746-7871 | | | | | |
| | Principal occu Real estate I | pation / Job title (See Instructions) proker | | Employer (See Instructions | 5) | | |
| | Date 09/18/2024 | Full name of contributor Paul, Mary Anna Contributor address; City; Sta Austin, TX 78746-7871 | |) | • | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Real estate I | pation / Job title (See Instructions) proker | | Employer (See Instructions | 5) | | |
| | Date 09/02/2024 | Full name of contributor Pearson, Pamela Contributor address; City; Sta | out-of-state PAC (ID#:_ ate; Zip Code | | | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | IONS | | SCHEDUL | E A1 |
|---|--------------------------------|---|------------------------------|-----|---|-------------|
| | The Instru | ction Guide explains how to complete this | s form. | 1 | Total pages Schedule A1: Sch: 84/107 Rpt: 88/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 09/09/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$250.00 |
| | | San Antonio, TX 78258-1610 | | | | |
| 8 | Principal occu Software Eng | pation / Job title (See Instructions) gineer | 9 Employer (See Instructions | ıs) | | |
| | Date 09/10/2024 | Full name of contributor out-of-state PAC (IE Peri, Vishnu Contributor address; City; State; Zip Code Savannah, GA 31405-7607 |)#:) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Office Manag | pation / Job title (See Instructions) | Employer (See Instructions | ls) | | |
| | Date 07/01/2024 | Full name of contributor out-of-state PAC (IE Perrenod, William Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$25.00 |
| | Dringing aggr | New Orleans, LA 70117-5727 | Employer (Coo Instruction | -s) | | |
| | | pation / Job title (See Instructions) siness Consultant | Employer (See Instructions | 15) | | |
| | Date 08/01/2024 | Full name of contributor out-of-state PAC (IE Perrenod, William Contributor address; City; State; Zip Code New Orleans, LA 70117-5727 |)#:) | | Amount of Contribution (\$) | \$25.00 |
| | • | oation / Job title (See Instructions) siness Consultant | Employer (See Instructions | ıs) | | |
| | Date 09/01/2024 | Full name of contributor out-of-state PAC (IE Perrenod, William Contributor address; City; State; Zip Code New Orleans, LA 70117-5727 | | | Amount of Contribution (\$) | \$25.00 |
| | | oation / Job title (See Instructions) siness Consultant | Employer (See Instructions | ıs) | | |
| | | | ' | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULE | A1 |
|---|-------------------------------|--|------------------------------|----|---|-----------|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 85/107 Rpt: 89/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 07/18/2024 | Full name of contributor out-of-state PAC (ID#:_Peterson, Linda Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$10.00 |
| | | Austin, TX 78757-1830 | | | | |
| 8 | Principal occu Not Employe | | 9 Employer (See Instructions | 5) | | |
| | Date 07/25/2024 | Full name of contributor out-of-state PAC (ID#:_ Peterson, Linda Contributor address; City; State; Zip Code Austin, TX 78757-1830 | | | Amount of Contribution (\$) | \$5.00 |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | | | | | |
| | Date 08/25/2024 | Full name of contributor out-of-state PAC (ID#:_ Peterson, Linda Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$5.00 |
| | | Austin, TX 78757-1830 | | | | |
| | Principal occu Not Employe | oation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 09/25/2024 | Full name of contributor out-of-state PAC (ID#:_ Peterson, Linda Contributor address; City; State; Zip Code Austin, TX 78757-1830 | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Pfiester, R E Contributor address; City; State; Zip Code Los Angeles, CA 90039-3707 |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Lawyer | pation / Job title (See Instructions) | Employer (See Instructions | () | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | IONS | | SCHEDULE | ■ A1 |
|---|-------------------------------|--|------------------------------|----|---|-------------|
| | The Instru | ction Guide explains how to complete this | s form. | 1 | Total pages Schedule A1: Sch: 86/107 Rpt: 90/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | ı Filers) |
| 4 | Date 08/20/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$10.00 |
| _ | | Redwood City, CA 94063-1036 | | Ļ | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions) d | 9 Employer (See Instructions | s) | | |
| | Date 07/26/2024 | Full name of contributor |) #:) | | Amount of Contribution (\$) | \$10.00 |
| | | Austin, TX 78759-5001 | | | | |
| | Principal occu Consultant | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 08/26/2024 | Full name of contributor out-of-state PAC (IE Polito, Catherine Contributor address; City; State; Zip Code |)#:) | | Amount of Contribution (\$) | \$10.00 |
| | | Austin, TX 78759-5001 | | | | |
| | Principal occu Consultant | oation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 09/26/2024 | Full name of contributor out-of-state PAC (IE Polito, Catherine Contributor address; City; State; Zip Code Austin, TX 78759-5001 |) #:) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Consultant | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 08/01/2024 | Full name of contributor out-of-state PAC (ID Porter, Lynne Contributor address; City; State; Zip Code San Pedro, CA 90731-6224 |)#:) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | - | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULE | ■ A1 |
|---|--------------------------------|---|----------------------------|---|---|-------------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 87/107 Rpt: 91/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/26/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$10.00 |
| | | San Antonio, TX 78247-2723 | | | | |
| 8 | Principal occup massage the | | Employer (See Instructions |) | | |
| | Date 09/06/2024 | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$30.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Registered n | urse | | | | |
| | Date 07/22/2024 | Full name of contributor out-of-state PAC (ID#: Putman, Michael Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$50.00 |
| | | San Antonio, TX 78209-3302 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/08/2024 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/04/2024 | Full name of contributor out-of-state PAC (ID#: Reeves, Sandra Lemcke (Ms.) Contributor address; City; State; Zip Code Houston, TX 77006-6166 | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu retired | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULE | A1 |
|---|-------------------------------|--|------------------------------|---|---|-----------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 88/107 Rpt: 92/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/04/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$20.00 |
| | | Houston, TX 77006-6166 | | | | |
| 8 | Principal occu retired | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Date 09/04/2024 | Full name of contributor out-of-state PAC (ID#:_ Reeves, Sandra Lemcke (Ms.) Contributor address; City; State; Zip Code Houston, TX 77006-6166 | | • | Amount of Contribution (\$) | \$20.00 |
| | Principal occu retired | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Date 07/31/2024 | Full name of contributor out-of-state PAC (ID#:_ Renteria, Rudy Contributor address; City; State; Zip Code | | • | Amount of Contribution (\$) | \$3.00 |
| | <u> </u> | Culver City, CA 90230-4810 | | <u></u> | | |
| | HR | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/01/2024 | Full name of contributor out-of-state PAC (ID#:_Reynoso, Beatriz Contributor address; City; State; Zip Code Harlingen, TX 78552-2261 |) | - | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Design Cons | pation / Job title (See Instructions) ulting | Employer (See Instructions | 5) | | |
| | Date 08/01/2024 | Full name of contributor out-of-state PAC (ID#:_ Reynoso, Beatriz Contributor address; City; State; Zip Code Harlingen, TX 78552-2261 |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Design Cons | pation / Job title (See Instructions) ulting | Employer (See Instructions | s) | | |
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| | MONET | ARY POLITICAL CONTRIBUTI | ONS | | SCHEDULE | ■ A1 |
|---|-------------------------------|--|--|--------|---|-------------|
| | The Instruc | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 89/107 Rpt: 93/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | ı Filers) |
| 4 | Date 09/01/2024 | Full name of contributor out-of-state PAC (ID# Reynoso, Beatriz Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$5.00 |
| _ | | Harlingen, TX 78552-2261 | 1 | _ | | |
| 8 | Principal occu Design Cons | pation / Job title (See Instructions) ulting | 9 Employer (See Instructions | s) | | |
| | Date 07/02/2024 | Full name of contributor out-of-state PAC (ID# Richards, Joanne Contributor address; City; State; Zip Code | <u>; </u> | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu | Austin, TX 78750-8202 pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | N/A | adion, oob tile (See instructions) | Employer (See mondons) | , | | |
| | Date 08/02/2024 | Full name of contributor out-of-state PAC (ID# Richards, Joanne Contributor address; City; State; Zip Code | :) | | Amount of Contribution (\$) | \$20.00 |
| | | Austin, TX 78750-8202 | | | | |
| | Principal occu N/A | oation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 09/02/2024 | Full name of contributor out-of-state PAC (ID# Richards, Joanne Contributor address; City; State; Zip Code Austin, TX 78750-8202 | t:) | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu N/A | oation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 09/24/2024 | Full name of contributor out-of-state PAC (ID#Robbins, Edith Contributor address; City; State; Zip Code Grand Blanc, MI 48439-8732 | :) | • | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | oation / Job title (See Instructions) d | Employer (See Instructions | s) | | |
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| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULE | A1 |
|---|----------------------------|---|------------------------------|---|---|-----------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 90/107 Rpt: 94/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 07/01/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$20.85 |
| | | Glendale, CA 91205-3564 | | | | |
| 8 | Principal occu Editor | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 07/27/2024 | Full name of contributor out-of-state PAC (ID#: Robinson, Jean Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | Fort Worth, TX 76137-2058 pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Retired | sation 7 000 title (See instituctions) | Employer (See morracions | , | | |
| | Date 08/27/2024 | Full name of contributor out-of-state PAC (ID#: Robinson, Jean Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$10.00 |
| | | Fort Worth, TX 76137-2058 | | | | |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 09/26/2024 | Full name of contributor out-of-state PAC (ID#:Robinson, Jean Contributor address; City; State; Zip Code Fort Worth, TX 76137-2058 | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 09/26/2024 | Full name of contributor out-of-state PAC (ID#: Robinson, Jean Contributor address; City; State; Zip Code Fort Worth, TX 76137-2058 |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
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| | MONET | ARY POLITICAL CONTR | RIBUTION | IS | | SCHEDUL | E A1 |
|---|-------------------------------|--|---------------|----------------------------|----------|---|-------------|
| | The Instru | ction Guide explains how to comp | lete this for | m. | 1 | Total pages Schedule A1: Sch: 91/107 Rpt: 95/156 | |
| 2 | FILER NAME Annie's List | | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 07/15/2024 | Full name of contributor out-of-star out-o | ate PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$15.00 |
| | | Houston, TX 77005-4332 | | | | | |
| 8 | Principal occu physician | pation / Job title (See Instructions) | 9 | Employer (See Instructions | s) | | |
| | Date 08/15/2024 | Full name of contributor out-of-sta Rocha, Mary Esther Contributor address; City; State; Zip Coo | ate PAC (ID#: |) | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu | Houston, TX 77005-4332 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | physician | (| | | , | | |
| | Date 09/15/2024 | Full name of contributor out-of-sta Rocha, Mary Esther Contributor address; City; State; Zip Cod | ate PAC (ID#: |) | | Amount of Contribution (\$) | \$15.00 |
| | | Houston, TX 77005-4332 | | | | | |
| | Principal occu physician | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 07/29/2024 | Rogers, Nancy | |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions | 5) | | |
| | Date 08/29/2024 | Rogers, Nancy | |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Not Employe | oation / Job title (See Instructions) d | | Employer (See Instructions | 5) | | |
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| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULE | ■ A1 |
|---|---------------------------------|---|----------------------------|---|---|-------------|
| | The Instru | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 92/107 Rpt: 96/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | ı Filers) |
| 4 | Date 08/29/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$250.00 |
| | | Austin, TX 78704-1315 | | | | |
| 8 | Principal occu Rancher | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/22/2024 | Full name of contributor out-of-state PAC (ID#: Rood, Magdalena Contributor address; City; State; Zip Code Austin, TX 78704-3151 | | | Amount of Contribution (\$) | \$20.24 |
| | | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Not Employe | | | | | |
| | Date 09/08/2024 | Full name of contributor out-of-state PAC (ID#: Rosales, Nadia Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$20.00 |
| | | San Antonio, TX 78258-3123 | | | | |
| | Principal occu Agile Directo | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/18/2024 | Full name of contributor out-of-state PAC (ID#: Rosen, Ilene Contributor address; City; State; Zip Code Floral Park, NY 11005-1023 | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Business Ex | pation / Job title (See Instructions) ecutive | Employer (See Instructions |) | | |
| | Date 09/09/2024 | Full name of contributor out-of-state PAC (ID#: Rowley, Renee Contributor address; City; State; Zip Code Western Springs, IL 60558-2109 | | | Amount of Contribution (\$) | \$25.00 |
| | • | pation / Job title (See Instructions) /sical Therapist | Employer (See Instructions |) | | |
| | | <u>'</u> | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULE | A1 |
|---|-------------------------------|--|------------------------------|----------|---|-----------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 93/107 Rpt: 97/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 09/08/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$10.00 |
| | | San Antonio, TX 78249-1513 | | | | |
| 8 | Principal occu Scrum Maste | | 9 Employer (See Instructions | 5) | | |
| | Date 07/29/2024 | Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu | Austin, TX 78757-3036 Dation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Researcher | | | | | |
| | Date 08/29/2024 | Full name of contributor out-of-state PAC (ID#: Sarath, Patrice Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$5.00 |
| | | Austin, TX 78757-3036 | | | | |
| | Principal occu Researcher | pation / Job title (See Instructions) | Employer (See Instructions | i) | | |
| | Date 08/29/2024 | Full name of contributor out-of-state PAC (ID#:_Saunders, Jane Contributor address; City; State; Zip Code Waco, TX 76708-0630 | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/06/2024 | Full name of contributor out-of-state PAC (ID#:_Sawyer, Robin Contributor address; City; State; Zip Code Mclean, VA 22102-5864 |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Programs Ma | pation / Job title (See Instructions) anager | Employer (See Instructions |) | | |
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| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULE | A1 |
|---|---------------------------------|--|------------------------------|----------|---|-----------|
| | The Instru | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 94/107 Rpt: 98/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/06/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$25.00 |
| | | Mclean, VA 22102-5864 | | | | |
| 8 | Principal occu Programs Ma | · · · · · · · · · · · · · · · · · · · | 9 Employer (See Instructions | i) | | |
| | Date 09/06/2024 | Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | Mclean, VA 22102-5864 Dation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Programs Ma | anager | | | | |
| | Date 09/21/2024 | Full name of contributor out-of-state PAC (ID#: Schulte, Monica Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$16.00 |
| | | El Paso, TX 79912-7512 | | | | |
| | Principal occu Insurance cla | pation / Job title (See Instructions) aims | Employer (See Instructions |) | | |
| | Date 08/27/2024 | Full name of contributor out-of-state PAC (ID#: Scourtis, Linda Contributor address; City; State; Zip Code San Francisco, CA 94118-2173 |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Planner | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/13/2024 | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Physician | pation / Job title (See Instructions) | Employer (See Instructions | () | | |
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| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULE | A1 |
|---|---------------------------------|---|----------------------------|----------|---|---------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 95/107 Rpt: 99/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 08/13/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$10.00 |
| | | Dallas, TX 75230-2437 | | | | |
| 8 | Principal occu Physician | pation / Job title (See Instructions) | Employer (See Instructions | i) | | |
| | Date 09/13/2024 | Full name of contributor out-of-state PAC (ID#: Seldin, Ellen Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | Dallas, TX 75230-2437 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Physician | | | | | |
| | Date 09/25/2024 | Full name of contributor out-of-state PAC (ID#: Selk, Susan Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$20.00 |
| | | El Paso, TX 79902-3262 | | | | |
| | Principal occu College Prof | pation / Job title (See Instructions) essor | Employer (See Instructions |) | | |
| | Date 07/15/2024 | Full name of contributor out-of-state PAC (ID#: Sharpe, Mary Contributor address; City; State; Zip Code Austin, TX 78703-2833 |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu planning faci | pation / Job title (See Instructions) litator | Employer (See Instructions | () | | |
| | Date 08/15/2024 | Full name of contributor out-of-state PAC (ID#:Sharpe, Mary Contributor address; City; State; Zip Code Austin, TX 78703-2833 | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu planning faci | pation / Job title (See Instructions) litator | Employer (See Instructions | () | | |
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| | MONET | ARY POLITICAL CONTRIBUT | IONS | | SCHEDULE | ■ A1 |
|---|---------------------------------|--|------------------------------|----------------|--|-------------|
| | The Instru | ction Guide explains how to complete this | s form. | 1 | Total pages Schedule A1: Sch: 96/107 Rpt: 100/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 09/15/2024 | Full name of contributor |)#:) | 7 | Amount of Contribution (\$) | \$25.00 |
| | | Austin, TX 78703-2833 | | | | |
| 8 | Principal occu planning faci | pation / Job title (See Instructions) litator | 9 Employer (See Instructions | s) | | |
| | Date 07/06/2024 | Full name of contributor out-of-state PAC (ID Sherman, Caroline Contributor address; City; State; Zip Code Keller, TX 76248-5223 | #:) | | Amount of Contribution (\$) | \$10.00 |
| | | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> 5) | | |
| | Not Employe | d | | _ | | |
| | Date 08/06/2024 | Full name of contributor | #:) | | Amount of Contribution (\$) | \$10.00 |
| | | Keller, TX 76248-5223 | | | | |
| | Principal occu Not Employe | oation / Job title (See Instructions) d | Employer (See Instructions | 5) | | |
| | Date 09/06/2024 | Full name of contributor out-of-state PAC (ID Sherman, Caroline Contributor address; City; State; Zip Code Keller, TX 76248-5223 |)#:) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | <u>l</u> s) | | |
| | Date 08/29/2024 | Full name of contributor out-of-state PAC (ID Sherrow, Teri Contributor address; City; State; Zip Code Kihei, HI 96753-9226 | D#:) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Realtor/Brok | oation / Job title (See Instructions) er/Owner | Employer (See Instructions | 5) | | |
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| | MONET | ARY POLITICAL CONTRIB | BUTIONS | SCHEDULE | A1 |
|---|---------------------------------|--|------------------------------|--|---------|
| | The Instru | ction Guide explains how to complete | re this form. | 1 Total pages Schedule A1: Sch: 97/107 Rpt: 101/156 | |
| 2 | FILER NAME Annie's List | | | 3 Filer ID (Ethics Commission F 00053715 | Filers) |
| 4 | Date 07/05/2024 | Full name of contributor | | 7 Amount of Contribution (\$) | \$50.00 |
| | | Austin, TX 78701-4271 | | | |
| 8 | Principal occu Civil Engine | pation / Job title (See Instructions) r | 9 Employer (See Instructions | ns) | |
| | Date 08/05/2024 | Full name of contributor out-of-state F Skidmore, Danielle Contributor address; City; State; Zip Code | PAC (ID#:) | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | Austin, TX 78701-4271 pation / Job title (See Instructions) | Employer (See Instructions | nns) | |
| | Date 09/05/2024 | Full name of contributor out-of-state F Skidmore, Danielle Contributor address; City; State; Zip Code | PAC (ID#:) | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Civil Enginee | Austin, TX 78701-4271 pation / Job title (See Instructions) | Employer (See Instructions | ins) | |
| | Date 08/15/2024 | Full name of contributor | PAC (ID#:) | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | ins) | |
| | Date 08/30/2024 | Full name of contributor out-of-state F Soper, Anne Contributor address; City; State; Zip Code Nokomis, FL 34275-1897 | PAC (ID#:) | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | oation / Job title (See Instructions) d | Employer (See Instructions | ns) | |
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| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDULE | ■ A1 |
|---|------------------------------|--|------------------------------|----------|--|-------------|
| | The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 98/107 Rpt: 102/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | Filers) |
| 4 | Date 07/23/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$10.00 |
| | | Belton, TX 76513-3050 | | | | |
| 8 | Principal occup Not Employe | oation / Job title (See Instructions) d | 9 Employer (See Instructions | i) | | |
| | Date 09/06/2024 | Full name of contributor out-of-state PAC (ID#:_Staton, Elaine Contributor address; City; State; Zip Code San Antonio, TX 78254-2057 |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Not Employe | d | | | | |
| | Date 08/09/2024 | Full name of contributor |) | | Amount of Contribution (\$) | \$10.00 |
| | | Austin, TX 78746-6986 | | | | |
| | Principal occu Finance | oation / Job title (See Instructions) | Employer (See Instructions | () | | |
| | Date 09/09/2024 | Full name of contributor out-of-state PAC (ID#:_Steinwedell, Patricia Contributor address; City; State; Zip Code Austin, TX 78746-6986 |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Finance | oation / Job title (See Instructions) | Employer (See Instructions | () | | |
| | Date 07/22/2024 | Full name of contributor out-of-state PAC (ID#:_ Sufit, Carl Contributor address; City; State; Zip Code Escalon, CA 95320-9615 | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occup | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
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| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULI | E A1 |
|---|--------------------------------|---|----------------------------|---|--|-------------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 99/107 Rpt: 103/156 | |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | ı Filers) |
| 4 | Date 09/05/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$20.00 |
| _ | | San Antonio, TX 78209-2300 | | | | |
| 8 | Principal occu Not employe | | Employer (See Instructions |) | | |
| | Date 07/09/2024 | Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Attorney | Austin, TX 78703-3314 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/04/2024 | Full name of contributor out-of-state PAC (ID#: Tabor, Catherine L Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Attorney | Austin, TX 78703-3314 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/23/2024 | Full name of contributor out-of-state PAC (ID#: Taylor, James Wallace Contributor address; City; State; Zip Code Mansfield, TX 76063-3815 | | | Amount of Contribution (\$) | \$20.24 |
| | Principal occu Financial Ad | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/22/2024 | Full name of contributor out-of-state PAC (ID#: Temple, Ellen Contributor address; City; State; Zip Code Lufkin, TX 75901-7346 | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | |
|---|----------------------------------|---|------------------------------|---|--|------------|
| | The Instru | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 100/107 Rpt: 104/15 | 56 |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | on Filers) |
| 4 | Date 08/22/2024 | Full name of contributor out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$500.00 |
| 8 | Principal occu | Lufkin, TX 75901-7346 pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Not Employe | | Employer (See instructions, | , | | |
| | Date 09/22/2024 | Full name of contributor out-of-state PAC (ID#: Temple, Ellen Contributor address; City; State; Zip Code Lufkin, TX 75901-7346 | | | Amount of Contribution (\$) | \$500.00 |
| | | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | Not Employed | | | | | |
| | Date 07/30/2024 | Full name of contributor out-of-state PAC (ID#: Teter, Rick Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$10.00 |
| | | Edinburg, TX 78539-4406 | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | Employer (See Instructions) |) | | |
| | Date 07/18/2024 | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | Date 07/23/2024 | Full name of contributor out-of-state PAC (ID#: Torres, Tomas Contributor address; City; State; Zip Code Houston, TX 77027-6204 |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
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| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDUL | E A1 |
|---|-------------------------------|---|-------------------------------|---|--|-------------|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 101/107 Rpt: 105/15 | 6 |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 08/23/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$1,000.00 |
| | | Houston, TX 77027-6204 | | | | |
| 8 | Not Employe | | 9 Employer (See Instructions |) | | |
| | Date 09/23/2024 | Full name of contributor out-of-state PAC (ID#:_ Torres, Tomas Contributor address; City; State; Zip Code Houston, TX 77027-6204 | | | Amount of Contribution (\$) | \$1,000.00 |
| | | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Not Employe Date | Full name of contributor out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | |
| | 09/06/2024 | Trevino, Steve Contributor address; City; State; Zip Code | | | y another continues (4) | \$10.00 |
| | Deinsinalassa | San Antonio, TX 78212-1632 | Frankrija (Ostalia structiona | | | |
| | construction | pation / Job title (See Instructions) project mgr | Employer (See Instructions |) | | |
| | Date 09/10/2024 | Full name of contributor out-of-state PAC (ID#:_ True-Courage, Zada Elizabeth Contributor address; City; State; Zip Code San Antonio, TX 78232-3104 | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/17/2024 | Full name of contributor out-of-state PAC (ID#:_ Veliz, MaryEllen Contributor address; City; State; Zip Code San Antonio, TX 78216-7316 | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Business de | pation / Job title (See Instructions) velopment | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULI | E A1 |
|---|-------------------------------|---|------------------------------|----------|---|-------------|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 102/107 Rpt: 106/156 | 5 |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | ı Filers) |
| 4 | Date 09/08/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$10.00 |
| | | San Antonio, TX 78232-4884 | | | | |
| 8 | Principal occu RN | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 07/04/2024 | Full name of contributor out-of-state PAC (ID#:_WIngate, Elizabeth Contributor address; City; State; Zip Code Valdez, AK 99686-1503 | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | <u>(</u> | | |
| | Date 08/04/2024 | Full name of contributor out-of-state PAC (ID#:_ WIngate, Elizabeth Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not Employe | Valdez, AK 99686-1503 pation / Job title (See Instructions) d | Employer (See Instructions | 5) | | |
| | Date 09/04/2024 | Full name of contributor out-of-state PAC (ID#:_ WIngate, Elizabeth Contributor address; City; State; Zip Code Valdez, AK 99686-1503 | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Warner, Richard Contributor address; City; State; Zip Code Arlington, TX 76015-2812 | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu SW Enginee | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | |
|---|----------------------------------|--|------------------------------|---|---|-----------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 103/107 Rpt: 107/156 | 6 |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | ı Filers) |
| 4 | Date 08/30/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$100.00 |
| | | Arlington, TX 76015-2812 | | | | |
| 8 | Principal occu SW Enginee | | 9 Employer (See Instructions |) | | |
| | Date 07/19/2024 | Full name of contributor out-of-state PAC (ID#: Watkins, Doris Contributor address; City; State; Zip Code Fort Worth, TX 76110-1741 | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Tarrant Cour | nty Family Court Services | | | | |
| | Date 08/19/2024 | Full name of contributor out-of-state PAC (ID#: Watkins, Doris Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$5.00 |
| | | Fort Worth, TX 76110-1741 | | | | |
| | | pation / Job title (See Instructions) hty Family Court Services | Employer (See Instructions |) | | |
| | Date 09/19/2024 | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$5.00 |
| | | pation / Job title (See Instructions) hty Family Court Services | Employer (See Instructions |) | | |
| | Date 07/29/2024 | Full name of contributor out-of-state PAC (ID#: Weinstein, Hilary Contributor address; City; State; Zip Code Fort Worth, TX 76107-2795 | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULI | E A1 |
|---|-------------------------------|---|----------------------------|---|---|-------------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 104/107 Rpt: 108/156 | 6 |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | ı Filers) |
| 4 | Date 08/29/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$100.00 |
| | | Fort Worth, TX 76107-2795 | | | | |
| 8 | Principal occu Attorney | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/31/2024 | Full name of contributor out-of-state PAC (ID#: Weitzner, Renee Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | Washington, DC 20008-5608 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Teacher | | , , | | | |
| | Date 08/30/2024 | Full name of contributor out-of-state PAC (ID#: Wesner, Charles Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | | Norman, OK 73071-4635 | | | | |
| | Principal occur retired | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/22/2024 | Full name of contributor out-of-state PAC (ID#: Whittemore, Alison F. Contributor address; City; State; Zip Code San Antonio, TX 78215-1295 | | | Amount of Contribution (\$) | \$103.45 |
| | Principal occu professor | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/30/2024 | Full name of contributor out-of-state PAC (ID#: Whitten, Lynn Contributor address; City; State; Zip Code Austin, TX 78704-3101 | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu systems ana | pation / Job title (See Instructions) lyst | Employer (See Instructions |) | | |
| | | 1 | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | |
|--|---|---|------------------------------|-----------------------------|---|-----------|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 105/107 Rpt: 109/150 | 6 |
| 2 | FILER NAME Annie's List | | | 3 | Filer ID (Ethics Commission 00053715 | n Filers) |
| 4 | Date 08/30/2024 | ate 5 Full name of contributor out-of-state PAC (ID#:) | | 7 | Amount of Contribution (\$) | \$100.00 |
| | | Austin, TX 78704-3101 | | | | |
| 8 | Principal occu systems ana | | 9 Employer (See Instructions | i) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 09/01/2024 Willis, Taylor Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$21.00 | |
| | Principal occu | Fort Worth, TX 76110-1110 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Executive Di | rector | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 07/31/2024 Wilson, Evelyn Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$250.00 | |
| | | Austin, TX 78723-5392 | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/09/2024 | Full name of contributor out-of-state PAC (ID#:_ Wooten, Kennon Contributor address; City; State; Zip Code Austin, TX 78704-2635 | | | Amount of Contribution (\$) | \$10.00 |
| Principal occupation / Job title (See Instructions) Attorney Employer (See Instruction | | 5) | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 08/09/2024 Wooten, Kennon Contributor address; City; State; Zip Code Austin, TX 78704-2635 | | | Amount of Contribution (\$) | \$10.00 | |
| | Principal occu Attorney | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | SCHEDULE A | | A1 |
|---|---|--|----------------------------|-----------------------------|---|-----------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 106/107 Rpt: 110/156 | i |
| 2 | FILER NAME Annie's List | | | 3 | B Filer ID (Ethics Commission Filers) 00053715 | |
| 4 | Date 07/27/2024 | | | 7 | Amount of Contribution (\$) | \$10.00 |
| | | Houston, TX 77018-1415 | | | | |
| 8 | Principal occup | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 08/27/2024 Wright, Carlecia D. Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$10.00 | |
| | Principal occu | Houston, TX 77018-1415 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/14/2024 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$10.53 |
| | Principal occu | The Woodlands, TX 77380-3344 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/14/2024 | Full name of contributor out-of-state PAC (ID#: Yeager, Bob Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$10.53 |
| | Principal occu | The Woodlands, TX 77380-3344 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 09/14/2024 | Full name of contributor out-of-state PAC (ID#:Yeager, Bob Contributor address; City; State; Zip Code The Woodlands, TX 77380-3344 | | | Amount of Contribution (\$) | \$10.53 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | SCHEDULE A1 |
|--|--|--|---|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 107/107 Rpt: 111/156 |
| 2 FILER NAME Annie's List | | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/22/2024 5 Full name of contributor out-of-state PAC (ID#:) Youngblood, Judy A 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$500.00 | |
| | Dallas, TX 75229-5248 | | |
| 8 Principal occu Artist | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) |
| Date 07/01/2024 | Full name of contributor out-of-state PAC (ID#:_ Zapp, Joseph Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$50.00 |
| | Covington, TX 76636-0249 | | |
| Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions | 5) |
| | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officenolder/Politica | The Instruction Guide explains how to complete this form. | |
|---|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | |
| Sch: 1/18 Rpt: | Annie's List 00053715 | |
| 4 Date | 5 Payee name | |
| 07/07/2024 | ActBlue | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$26.17 | PO Box 441146 | |
| | | |
| Expenditure from corporate funds | West Somerville, MA 02144-0031 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense online contribution processing fees | |
| | offiline contribution processing rees | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| expenditure to benefit C/OI | | |
| | | _ |
| Date | Payee name | |
| 07/14/2024 | ActBlue | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$19.99 | PO Box 441146 | |
| | | |
| Expenditure from corporate funds | West Somerville, MA 02144-0031 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | |
| _, _, _, _, _, _, _, _, _, _, _, _, _, _ | Check if Austin, TX, officeholder living expense | |
| | online contribution processing fees | |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | | |
| Date | Payee name | |
| 07/21/2024 | ActBlue | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$26.19 | PO Box 441146 | |
| | | |
| Expenditure from corporate funds | West Somerville, MA 02144-0031 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITORE | Check if Austin, TX, officeholder living expense | |
| | online contribution processing fees | |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| experiditure to benefit C/Oi | | |
| | | |
| | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| Credit Card Payment | | The Instruction Guide explains how to complete this form. | |
|---------------------|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 2/18 Rpt: | Annie's List | 00053715 |
| 4 | Date | 5 Payee name | |
| | 07/28/2024 | ActBlue | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$166.86 | PO Box 441146 | |
| | Expenditure from corporate funds | West Somerville, MA 02144-0031 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Fees Check if travel | outside of Texas. Complete Schedule T. |
| | | | , TX, officeholder living expense oution processing fees |
| | | Simile contrib | ation processing rees |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | 1 | |
| | Date | Payee name | |
| | 08/04/2024 | ActBlue | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$56.85 | PO Box 441146 | |
| _ | T Expenditure from | | |
| L | corporate funds | West Somerville, MA 02144-0031 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | 1 003 | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| | | online contrib | ution processing fees |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | experientare to benefit of or | ' | |
| | Date | Payee name | |
| | 08/11/2024 | ActBlue | |
| | Amount (\$) \$47.64 | Payee address; City; State; Zip Code | |
| | \$47.04 | PO Box 441146 | |
| | Expenditure from corporate funds | West Somerville, MA 02144-0031 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | 1003 | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| | | l — | ution processing fees |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | experientare to benefit 6/01 | • | |
| | | | |
| | | | |

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

| 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: 3/18 Rpt: | Annie's List 00053715 |
| 4 Date | 5 Payee name |
| 08/18/2024 | ActBlue |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$25.45 | PO Box 441146 |
| Expenditure from | |
| corporate funds | West Somerville, MA 02144-0031 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | online contribution processing fees |
| | offiline contribution processing rees |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 08/25/2024 | ActBlue |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$115.58 | PO Box 441146 |
| Ψ110.00 | 1 0 50% 441140 |
| Expenditure from corporate funds | West Somerville, MA 02144-0031 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense online contribution processing fees |
| | offiline contribution processing rees |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 09/01/2024 | ActBlue |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$90.66 | PO Box 441146 |
| ψ90.00 | FO BOX 441140 |
| Expenditure from corporate funds | West Somerville, MA 02144-0031 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| _/ | Check if Austin, TX, officeholder living expense |
| | online contribution processing fees |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to comp | elete this form. |
|---|---|--|
| 1 Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 4/18 Rpt: | Annie's List | 00053715 |
| 4 Date 09/08/2024 | 5 Payee name ActBlue | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$160.52 | PO Box 441146 | |
| | | |
| Expenditure from corporate funds | West Somerville, MA 02144-0031 | |
| 8 PURPOSE OF | , - , | Description |
| EXPENDITURE | Fees | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | online contribution processing fees |
| | | |
| 9 Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough | t Office held |
| Date | Payee name | |
| 09/15/2024 | ActBlue | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$38.84 | PO Box 441146 | |
| — Foreseditors from | | |
| Expenditure from corporate funds | West Somerville, MA 02144-0031 | |
| PURPOSE OF | 2 (| Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Fees | Check if dayer dustage of Texas. Complete scriedule 1. Check if Austin, TX, officeholder living expense |
| | | online contribution processing fees |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough | t Office held |
| experialiture to benefit C/OI | 1 | |
| Date | Payee name | |
| 09/22/2024 | ActBlue | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$239.05 | PO Box 441146 | |
| Expenditure from corporate funds | West Somerville, MA 02144-0031 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b |) Description |
| OF EXPENDITURE | Fees | Check if travel outside of Texas. Complete Schedule T. |
| - | | Check if Austin, TX, officeholder living expense online contribution processing fees |
| | | c solid issued processing rees |
| Complete ONLY if direct | Candidate/Officeholder name Office sough | t Office held |
| expenditure to benefit C/OI | | |
| | | |
| | | |
| | | |

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense 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

| Candidate/Officeholder/Politica Credit Card Payment | Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 5/18 Rpt: | Annie's List 00053715 |
| 4 Date | 5 Payee name |
| 09/17/2024 | Annie's List Training and Engagment Fund |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$37,312.50 | P.O. Box 303277 |
| Expenditure from corporate funds | Austin, TX 78703 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | Check if Austin, TX, officeholder living expense |
| | Payroll support |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| Complete ONLY if direct expenditure to benefit C/O | |
| Date | Payee name |
| 07/11/2024 | Blue Scout Digital |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,600.00 | 2505 Royal Birkdale Dr |
| | |
| Expenditure from corporate funds | Plano, TX 75025-5067 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Digital consulting |
| | Digital concatang |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | - |
| Date | Payee name |
| 08/15/2024 | Blue Scout Digital |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$3,000.00 | 2505 Royal Birkdale Dr |
| | |
| Expenditure from corporate funds | Plano, TX 75025-5067 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Digital consulting |
| | Digital Consulting |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| 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: 6/18 Rpt: | Annie's List 00053715 |
| | |
| 4 Date | 5 Payee name |
| 09/12/2024 | Blue Scout Digital |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$3,000.00 | 2505 Royal Birkdale Dr |
| | |
| Expenditure from corporate funds | Plano, TX 75025-5067 |
| 8 PURPOSE | |
| OF | (a) Category (See Categories listed at the top of this schedule) Consulting Expanse (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Digital consulting |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | 1 |
| Date | Payee name |
| 07/12/2024 | Bumper Active |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$365.00 | 5925 Burnet Rd |
| φ303.00 | |
| Expenditure from | Texas |
| corporate funds | Austin, TX 78757-3224 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Printing Expense |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Sales merchandise |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experience to serious experi | |
| Date | Payee name |
| 08/14/2024 | Bumper Active |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$41.57 | 5925 Burnet Rd |
| | Texas |
| Expenditure from corporate funds | Austin, TX 78757-3224 |
| • | 1 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Sales merchandise |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| 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: 7/18 Rpt: | Annie's List 00053715 |
| - | |
| 4 Date | 5 Payee name |
| 08/14/2024 | Bumper Active |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$41.57 | 5925 Burnet Rd |
| | Texas |
| Expenditure from corporate funds | Austin, TX 78757-3224 |
| 8 PURPOSE | |
| OF OF | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Sales merchandise |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | -1 |
| Date | Payee name |
| 09/18/2024 | Bumper Active |
| | ' |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$66.11 | 5925 Burnet Rd |
| Expenditure from | Texas |
| corporate funds | Austin, TX 78757-3224 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Printing Expense |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Sales merchandise |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | 1 |
| Date | Payee name |
| 09/26/2024 | Campanas De America |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,500.00 | 812 Lockhill Selma Rd |
| Ψ1,303.00 | 522 253 551114 TW |
| Expenditure from | Con Antonio TV 70010 2010 |
| corporate funds | San Antonio, TX 78213-2216 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | music for event |
| | music for event |
| 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 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

| 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: 8/18 Rpt: | Annie's List 00053715 |
| 4 Date | 5 Payee name |
| 09/25/2024 | Elizabeth for Texas |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$25,000.00 | 4502 W Lovers Ln |
| Expenditure from corporate funds | Dallas, TX 75209-3132 |
| 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 |
| | Contribution |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 07/03/2024 | Gusto |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$149.24 | 525 20th St |
| Expenditure from corporate funds | San Francisco, CA 94107-4345 |
| 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 |
| | Payroll fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Data | |
| Date | Payee name |
| 08/05/2024 | Gusto |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$149.24 | 525 20th St |
| Expenditure from corporate funds | San Francisco, CA 94107-4345 |
| 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 |
| | Payroll fee |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment The Instruction Guide explains how to complete this form. | | | | |
|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 9/18 Rpt: | Annie's List | 00053715 | | |
| 4 Date | 5 Payee name | | | |
| 09/04/2024 | Gusto | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| \$149.24 | 525 20th St | | | |
| Expenditure from | | | | |
| corporate funds | San Francisco, CA 94107-4345 | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| EXPENDITURE | 1 1 999 | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense | | |
| | Payroll fe | | | |
| | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | |
| expenditure to benefit C/OI | PH | | | |
| Date | Payee name | | | |
| 09/20/2024 | Holland & Knight | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| \$3,912.00 | PO Box 936937 | | | |
| | | | | |
| Expenditure from corporate funds | Atlanta, GA 31193-6937 | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | n | | |
| OF EXPENDITURE | Consuming Expense | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense | | |
| | 1 | mpliance consulting | | |
| | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | |
| expenditure to benefit C/OI | PH | | | |
| Date | Payee name | | | |
| 07/03/2024 | Humana Inc. | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| \$1,612.38 | PO Box 4612 | | | |
| — Companditure from | | | | |
| Expenditure from corporate funds | Carol Stream, IL 60197-4612 | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | n | | |
| OF EXPENDITURE | Onice Overnead/Nertial Expense | travel outside of Texas. Complete Schedule T. | | |
| | ☐ Check if A | Austin, TX, officeholder living expense | | |
| | Tieautin. | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | |
| expenditure to benefit C/OI | | 2555.5 | | |
| | | | | |
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| | | | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

| Candidate/Officeholder/Politica Credit Card Payment | Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | | |
|---|--|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | |
| Sch: 10/18 Rpt: | Annie's List 00053715 | | | | | |
| 4 Date | 5 Payee name | | | | | |
| 08/05/2024 | Humana Inc. | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| \$2,499.69 | PO Box 4612 | | | | | |
| Expenditure from | | | | | | |
| corporate funds | Carol Stream, IL 60197-4612 | | | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | Health insurance | | | | | |
| | | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| expenditure to benefit C/O | 1 | | | | | |
| Date | Payee name | | | | | |
| 08/16/2024 | Humana Inc. | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$887.31 | PO Box 4612 | | | | | |
| | | | | | | |
| Expenditure from corporate funds | Carol Stream, IL 60197-4612 | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | Check if Austin, TX, officeholder living expense Health insurance | | | | | |
| | riculti insurance | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| expenditure to benefit C/O | | | | | | |
| Date | Payee name | | | | | |
| 08/16/2024 | Humana Inc. | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$1,612.38 | PO Box 4612 | | | | | |
| \$1,012.36 | FO BOX 4012 | | | | | |
| Expenditure from corporate funds | Carol Stream, IL 60197-4612 | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| OF EXPENDITURE | Office Overhead/Rental Expense | | | | | |
| LA LABITORL | Check if Austin, TX, officeholder living expense | | | | | |
| | Health insurance | | | | | |
| Complete CNII V if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | | | | | |
| | | | | | | |
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| | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica Credit Card Payment | Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | | |
|--|--|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | |
| Sch: 11/18 Rpt: | Annie's List 00053715 | | | | | |
| 4 Date | 5 Payee name | | | | | |
| 07/29/2024 | Intuit | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| \$95.94 | 2632 Marine Way | | | | | |
| Expenditure from | | | | | | |
| corporate funds | Mountain View, CA 94043-1126 | | | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | Accounting software | | | | | |
| | , toosanting contract | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| expenditure to benefit C/O | ⊣ | | | | | |
| Date | Payee name | | | | | |
| 08/28/2024 | Intuit | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$105.53 | 2632 Marine Way | | | | | |
| , | | | | | | |
| Expenditure from corporate funds | Mountain View, CA 94043-1126 | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | Check if Austin, TX, officeholder living expense Accounting software | | | | | |
| | 7.000 drilling Software | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| expenditure to benefit C/O | | | | | | |
| Date | Payee name | | | | | |
| 09/18/2024 | Laurel Jordan Swift Campaign | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$40,000.00 | PO Box 6866 | | | | | |
| \$40,000.00 | FO BOX 0000 | | | | | |
| Expenditure from corporate funds | San Antonio, TX 78209-0866 | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| OF EXPENDITURE | Contributions/Donations Made By | | | | | |
| | Candidate/Officeholder/Political Committee | | | | | |
| | Contribution | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| expenditure to benefit C/O | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbur

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

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

| 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: 12/18 Rpt: | Annie's List 00053715 |
| - | |
| 4 Date | 5 Payee name |
| 07/23/2024 | Montemayor Britton Bender PC |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$420.00 | 2525 Wallingwood Dr |
| | Ste 200 |
| Expenditure from | |
| corporate funds | Austin, TX 78746-6937 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| - | Check if Austin, TX, officeholder living expense |
| | Accounting services |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| Date | Payee name |
| 07/23/2024 | Montemayor Britton Bender PC |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$160.00 | |
| \$100.00 | 2525 Wallingwood Dr |
| Expenditure from | Ste 200 |
| corporate funds | Austin, TX 78746-6937 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Accounting services |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | 1 |
| Date | Payee name |
| 08/14/2024 | Montemayor Britton Bender PC |
| | · |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$100.00 | 2525 Wallingwood Dr |
| Funonditure from | Ste 200 |
| Expenditure from corporate funds | Austin, TX 78746-6937 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Accounting services |
| | |
| 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/ 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

| 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: 13/18 Rpt: | Annie's List 00053715 | | | | | |
| 4 Date | 5 Payee name | | | | | |
| 09/18/2024 | Montemayor Britton Bender PC | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| \$360.00 | 2525 Wallingwood Dr | | | | | |
| - " | Ste 200 | | | | | |
| Expenditure from corporate funds | Austin, TX 78746-6937 | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | Check if Austin, TX, officeholder living expense Accounting services | | | | | |
| | 7.6656unung Services | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| expenditure to benefit C/OI | 1 | | | | | |
| Date | Payee name | | | | | |
| 09/18/2024 | Montemayor Britton Bender PC | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$160.00 | 2525 Wallingwood Dr | | | | | |
| | Ste 200 | | | | | |
| Expenditure from corporate funds | Austin, TX 78746-6937 | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. | | | | | |
| _/ | Check if Austin, TX, officeholder living expense | | | | | |
| | Accounting services | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| expenditure to benefit C/OI | | | | | | |
| Date | Payee name | | | | | |
| 09/20/2024 | Montemayor Britton Bender PC | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$280.00 | 2525 Wallingwood Dr | | | | | |
| Ψ200.00 | <u> </u> | | | | | |
| Expenditure from | Ste 200 | | | | | |
| corporate funds | Austin, TX 78746-6937 | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | Accounting services | | | | | |
| | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| expenditure to benefit C/OI | 1 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| 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: 14/18 Rpt: | Annie's List 00053715 |
| 4 Date | 5 Payee name |
| 07/03/2024 | NGP VAN Inc. |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$2,053.21 | 1445 New York Ave NW |
| | Ste 200 |
| Expenditure from corporate funds | Washington, DC 20005-2158 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Database software |
| | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 08/07/2024 | NGP VAN Inc. |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,053.21 | 1445 New York Ave NW |
| , , | Ste 200 |
| Expenditure from corporate funds | Washington, DC 20005-2158 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Database software |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 09/03/2024 | NGP VAN Inc. |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,053.21 | 1445 New York Ave NW |
| | Ste 200 |
| Expenditure from corporate funds | Washington, DC 20005-2158 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Office Overhead/Rental Expense |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Database software |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | | |
|--|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | _ |
| Sch: 15/18 Rpt: | Annie's List 00053715 | |
| 4 Date | 5 Payee name | |
| 07/01/2024 | Numero | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$750.00 | 200 Spectrum Center Dr | |
| — Forest dit us from | Ste 300 | |
| Expenditure from corporate funds | Irvine, CA 92618-5004 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Contributions/Donations Made By | |
| | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense | |
| | Fundraising software for Laurel Jordan Swift Campaign | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| Date | Davies same | = |
| 08/01/2024 | Payee name Numero | |
| | | _ |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$750.00 | 200 Spectrum Center Dr | |
| Expenditure from | Ste 300 | |
| corporate funds | Irvine, CA 92618-5004 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Contributions/Donations Made By | |
| | Candidate/Officeholder/Political Committee | |
| | Fundraising software for Laurel Jordan Swift Campaign | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| Date | Payee name | = |
| 09/03/2024 | Numero | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$750.00 | 200 Spectrum Center Dr | |
| | Ste 300 | |
| Expenditure from corporate funds | Irvine, CA 92618-5004 | |
| 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 | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| expenditure to benefit C/OI | 1 | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | |
|---|--|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 16/18 Rpt: | Annie's List | 00053715 | | | | |
| 4 Date | 5 Payee name | - | | | | |
| 09/16/2024 | Prosperity Bank | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | de | | | | |
| \$5,000.00 | PO Box 660525 | | | | | |
| | | | | | | |
| Expenditure from corporate funds | Dallas, TX 75266-0525 | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | | |
| OF EXPENDITURE | Credit Card Payment | Check if travel outside of Texas. Complete Schedule T. | | | | |
| EXI ENDITORE | | Credit cord polymont | | | | |
| | | Credit card payment | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sour | ght Office held | | | | |
| expenditure to benefit C/O | | gnt Office field | | | | |
| Dete | | | | | | |
| Date 08/16/2024 | Payee name | | | | | |
| | Reyes, Sophia | | | | | |
| Amount (\$) | Payee address; City; State; Zip Co | de | | | | |
| \$900.00 | P.O. Box 303277 | | | | | |
| Expenditure from | | | | | | |
| corporate funds | Austin, TX 78703 | | | | | |
| PURPOSE OF | , | (b) Description | | | | |
| EXPENDITURE | Salaries/Wages/Contract Labor | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | | Salary | | | | |
| | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sout | ght Office held | | | | |
| expenditure to benefit C/O | 1 | | | | | |
| Date | Payee name | | | | | |
| 07/10/2024 | Steady Hand PR | | | | | |
| Amount (\$) | Payee address; City; State; Zip Co | de | | | | |
| \$3,000.00 | 1205 Upland Dr | | | | | |
| | | | | | | |
| Expenditure from corporate funds | Austin, TX 78741-1167 | | | | | |
| PURPOSE | | (b) Description | | | | |
| OF | Consulting Expense | Check if travel outside of Texas. Complete Schedule T. | | | | |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense | | | | |
| | | Communications consulting | | | | |
| Complete CNII V if all a - 4 | Condidate/Officeholder norma | Office held | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soug | ght Office held | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| Credit Card Payment | The Instruction Guide explains how to co | omplete this form. |
|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 17/18 Rpt: | Annie's List | 00053715 |
| 4 Date | 5 Payee name | - |
| 07/10/2024 | Susan Harry Consulting | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip C | ode |
| \$750.00 | PO Box 301074 | |
| | | |
| Expenditure from corporate funds | Austin, TX 78703-0018 | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| EXPENDITURE | Consulting Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Compliance consulting |
| | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office so | ught Office held |
| expenditure to benefit C/OI | 1 | |
| Date | Payee name | |
| 07/10/2024 | Susan Harry Consulting | |
| Amount (\$) | Payee address; City; State; Zip C | ode |
| \$750.00 | PO Box 301074 | ouc |
| Ψ130.00 | FO BOX 301074 | |
| Expenditure from corporate funds | Austin, TX 78703-0018 | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| EXPENDITURE | Consulting Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Compliance consulting |
| | | Complianes concaining |
| Complete ONLY if direct | Candidate/Officeholder name Office so | Luaht Office held |
| expenditure to benefit C/OI | | |
| Date | Payee name | |
| 08/15/2024 | Susan Harry Consulting | |
| | | odo. |
| Amount (\$) \$750.00 | Payee address; City; State; Zip C PO Box 301074 | oue |
| \$750.00 | FO BOX 301074 | |
| Expenditure from corporate funds | Austin, TX 78703-0018 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Consulting Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | Compliance consulting |
| | | Compliance consulting |
| Commission ONII V if dispose | Canadidata/Officabalday nama | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office so | ught Office held |
| · | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

teimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
ortract Labor OTHER (enter a category not listed above)

| | Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | 7 - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| L | Sch: 18/18 Rpt: | Annie's List 00053715 |
| 4 | Date | 5 Payee name |
| l | 08/13/2024 | Texas HDCC |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$12,000.00 | PO Box 300095 |
| l | Ψ12,000.00 | 1 0 200 000000 |
| ┢ | Expenditure from corporate funds | Austin, TX 78703-0002 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| l | OF | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| l | EXPENDITURE | Candidate/Officeholder/Political Committee |
| l | | Contribution |
| l | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H |
| | | |
| | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries (Contract Labor

se Travel in District
se Travel Out of District
or District OTHER (enter a cate)

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

| Candidate/Oniceriolden/Folitica | · · | ruction Guide explains how | to comp | olete th | | TILK (enter a categ | jory not listed at | oove) | |
|---|---|--------------------------------|---------------------------------------|--------------------|---|-----------------------|--------------------|--------------|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | | 3 Filer ID (Et | hics Commiss | sion Filers) | |
| Sch: 1/26 Rpt: | Annie's List | | | | | 00053715 | | | |
| 4 CREDIT CARD ISSUER | Name of financial institution Prosperity Bank | | | PEND | F UNITEMIZED ITURES D TO A CREDIT | \$ 1,097.61 | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Da | ite(s) C | Credit Card Issue | r Paid | | | |
| Expenditure from corporate funds | \$213.20 | 07/06/2024 | | | | | | | |
| 7 PAYEE | (a) Payee name Intuit | | (b) Payee address; 2632 Marine Way | | | City, | State, | Zip Code | |
| | | | | | /iew, CA 94043 | 3-1126 | | | |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Accounting/Banking | of this schedule) | (b) Description Accounting software | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | | Check if Austin, TX, | officeholder living e | xpense | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Office | e sough | t | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Da | ate(s) C | Credit Card Issue | r Paid | | | |
| Expenditure from corporate funds | \$250.51 | 08/06/2024 | | | | | | | |
| PAYEE | (a) Payee name | | (b) Pa | ayee ad | ldress; | City, | State, | Zip Code | |
| | Intuit | | 2632 | Marir | ne Way | | | | |
| | | | Mountain View, CA 94043-1126 | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Accounting/Banking | of this schedule) | 1 ` ′ | escripti unting | on J software | | | | |
| X Political | Accounting/Banking | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | | Check if Austin, TX, | officeholder living e | xpense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sough | t | - | Office held | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Da | ite(s) C | Credit Card Issue | r Paid | | | |
| Expenditure from corporate funds | \$250.51 | 09/06/2024 | | , , | | | | | |
| PAYEE | (a) Payee name | I | (b) Pa | ayee ad | ldress; | City, | State, | Zip Code | |
| | | | 2632 | Marir | ne Way | | | | |
| | Intuit | | | | | | | | |
| | | | Mountain View, CA 94043-1126 | | | | | | |
| PURPOSE OF | (a) Category | | | escripti | on | | | | |
| EXPENDITURE | (See Categories listed at the top of this schedule) Accounting/Banking | | | unting | j software | | | | |
| X Political | Accounting/Danking | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | • | | Check if Austin, TX, | officeholder living e | xpense | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sough | t | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | | The Inst | ruction Guide explains how | to complete t | this form. | (1 11 11 11 11 11 11 11 11 11 11 11 11 1 | , | , |
|----------|---|--|--|------------------------|----------------------|---|-----------|--------------|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | cs Commis | sion Filers) |
| | Sch: 2/26 Rpt: | Annie's List | | | | 00053715 | | |
| 4 | CREDIT CARD ISSUER | | Name of financial institution See previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | | \$ 1,097.61 | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | Paid | | |
| | Expenditure from corporate funds | \$738.96 | 08/05/2024 | | | | | |
| 7 | PAYEE | (a) Payee name Southwest Airlines | | (b) Payee a | 36647 | City, | State, | Zip Code |
| Ļ | DUDDOSE OF | (a) Catagony | | | X 75235-1647 | | | |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel In District | of this schedule) | (b) Descrip Airfare | ollott | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| е | xpenditure to benefit C/OH | | - | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | Paid | | |
| | Expenditure from corporate funds | \$354.48 | 08/06/2024 | | | | | |
| | PAYEE (a) Payee name (b) Payee address; | | address; | City, | State, | Zip Code | | |
| | | United Airlines | | | acker Dr | | | |
| | | | | | IL 60606-7147 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Travel In District | of this schedule) | (b) Descrip Airfare | otion | | | |
| | Non-Political | (2) — (2) — (3) — (4) | (T. 0. 1. 0. 1. T. | | | <i>(</i> ** 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| ┝ | Ш | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule T. | e sought | Check if Austin, TX, | officeholder living exp | ense | |
| e | Complete ONLY if direct expenditure to benefit C/OH | Carialacte, Cineciolaci | name onio | o oougiit | | Office field | | |
| Г | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issuer | Paid | | |
| | Expenditure from corporate funds | \$40.00 | 08/09/2024 | | | | | |
| Г | PAYEE | (a) Payee name | I | (b) Payee | address; | City, | State, | Zip Code |
| | | United Airlines | | 233 S Wa | acker Dr | | | |
| | | | | Chicago. | IL 60606-7147 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (b) | | (b) Descrip | otion | | | |
| 1 | X Political | Fees | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | 1 | Check if Austin. TX. | officeholder living exp | ense | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder | · | e sought | | Office held | | |
| е | xpenditure to benefit C/OH | | | - | | | | |
| Г | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| The Instruction Guide explains how to complete this form. | | | | | | | |
|---|---|--------------------------------|------------------------------------|--|---------------------------------------|--------|----------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 3/26 Rpt: | Annie's List | | | | 00053715 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | F UNITEMIZED ITURES ED TO A CREDIT | \$ 1,097.61 | | 51 |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$140.00 | 08/19/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee ad | ddress; | City, | State, | Zip Code |
| | Vonlane | | 6310 Lemr Ste 202 Dallas, TX | non Ave 75209-5849 | | | |
| 8 PURPOSE OF | (a) Category | | (b) Descripti | on | | | |
| EXPENDITURE X Political | (See Categories listed at the top Travel In District | of this schedule) | bus fare | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Data(s) (| Credit Card Issuer | · Daid | | |
| Expenditure from corporate funds | \$140.00 | 09/04/2024 | (c) Date(s) C | Steuit Caru issuei | raiu | | |
| PAYEE (a) Payee name | | 1 | (b) Payee ac | ddress; | City, | State, | Zip Code |
| | Vonlane 6310 Lem Ste 202 | | | non Ave 75209-5849 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Travel In District | of this schedule) | (b) Description bus fare | | | | |
| X Political | | | | | | | |
| Non-Political | \(\frac{1}{2} \) | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$135.00 | 09/12/2024 | | | | | |
| PAYEE | (a) Payee name | 1 | (b) Payee ac | ddress; | City, | State, | Zip Code |
| | , , | | 6310 Lemr | mon Ave | | | |
| | Vonlane | | Ste 202 | | | | |
| | | | Dallas, TX | 75209-5849 | | | |
| PURPOSE OF | | | | on | | | |
| EXPENDITURE | Travel In District | of this schedule) | bus fare | | | | |
| X Political | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete this form. | | | |
|---|--|---------------------------------------|---------------------------------------|--------------------------|-----------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethic | s Commiss | sion Filers) |
| Sch: 4/26 Rpt: | Annie's List | | | 00053715 | | |
| 4 CREDIT CARD | Name of final | ncial institution | 5 TOTAL OF UNITEMIZED | | | |
| ISSUER | see pi | revious | EXPENDITURES CHARGED TO A CREDIT CARD | \$ | 1,097.6 | 51 |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | r Paid | | |
| Expenditure from corporate funds | \$135.00 | 09/16/2024 | | | | |
| 7 PAYEE | (a) Payee name | • | (b) Payee address; | City, | State, | Zip Code |
| | Vonlane | | 6310 Lemmon Ave Ste 202 | | | |
| | () 2 | | Dallas, TX 75209-5849 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | | |
| X Political | Travel In District | · · · · · · · · · · · · · · · · · · · | bus fare | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expe | ense | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | r Paid | | |
| Expenditure from corporate funds | \$750.00 | 09/20/2024 | | | | |
| PAYEE | (a) Payee name | • | (b) Payee address; | City, | State, | Zip Code |
| | Susan Harry Consulting | | PO Box 301074 | | | |
| | | | Austin, TX 78703-0018 | | | |
| PURPOSE OF | (a) Category | of this cobodule) | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top Consulting Expense | of this scriedule) | Compliance consulting | | | |
| X Political | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expe | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | r Paid | | |
| Expenditure from | , | | (c) Date(s) Credit Card 133uci | i ala | | |
| corporate funds | \$2,500.00 | 09/06/2024 | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| | Texas Democratic I | Party | PO Box 15707 | | | |
| | | | Austin, TX 78761-5707 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top | , | Contribution | | | |
| X Political | Contributions/Donation Candidate/Officeholde | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expe | ense | |
| Complete ONLY if direct | Complete ONLY if direct | | | | | |
| expenditure to benefit C/OH | | | | | | |
| | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete this form. | | | |
|---|---|---------------------------------------|--|-------------------------|------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethic | cs Commiss | sion Filers) |
| Sch: 5/26 Rpt: | Annie's List | | | 00053715 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ 1,097.61 | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | |
| Expenditure from corporate funds | \$26.65 | 07/01/2024 | | | | |
| 7 PAYEE | (a) Payee name | • | (b) Payee address; | City, | State, | Zip Code |
| | NGP VAN Inc. | | 1445 New York Ave NW Ste 200 Washington, DC 20005-2 | 158 | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE X Political | (See Categories listed at the top Office Overhead/Rent | · · · · · · · · · · · · · · · · · · · | Database software | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | le T. Check if Austin, TX, officeholder living expense | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | |
| Expenditure from corporate funds | \$26.65 | 09/01/2024 | | | | |
| PAYEE | (a) Payee name | • | (b) Payee address; | City, | State, | Zip Code |
| | NGP VAN Inc. | | 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE X Political | (See Categories listed at the top Office Overhead/Rent | | Database software | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Chook if Austin TV | officeholder living exp | onco | |
| Complete ONLY if direct | Candidate/Officeholder | | e sought | Office held | | |
| expenditure to benefit C/OH | | Tiame one | o oodgiit | Cinico ricia | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | |
| Expenditure from corporate funds | \$106.60 | 07/01/2024 | (-)(-) | | | |
| PAYEE | (a) Payee name | 1 | (b) Payee address; | City, | State, | Zip Code |
| | | | 1445 New York Ave NW | | | |
| | NGP VAN Inc. | | Ste 200 | | | |
| | | | Washington, DC 20005-2 | 158 | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top Contributions/Donatio | · · · · · · · · · · · · · · · · · · · | Database software for La | urel Jordan Sw | ift Campa | aign |
| X Political | | er/Political Committee | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | Office held | | |
| I | | | | - | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete this form. | | | |
|----------------------------------|---|--------------------------------|--|---------------------------------------|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 6/26 Rpt: | Annie's List | | | 00053715 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREI CARD | \$ 1,097.61 | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Iss | uer Paid | | |
| Expenditure from corporate funds | \$373.10 | 07/01/2024 | | | | |
| 7 PAYEE | (a) Payee name | • | (b) Payee address; | City, State, Zip Code | | |
| | NGP VAN Inc. | | 1445 New York Ave N\ Ste 200 Washington, DC 20005 | | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE X Political | (See Categories listed at the top Contributions/Donatio Candidate/Officeholde | ns Made By | Database software for | Laurel Jordan Swift Campaign | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | T. Check if Austin, TX, officeholder living expense | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Iss | uer Paid | | |
| Expenditure from corporate funds | \$373.10 | 08/06/2024 | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | |
| | NGP VAN Inc. | | 1445 New York Ave NW Ste 200 | | | |
| | () 0 : | | Washington, DC 20005 | 5-2158 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description Database software for Laurel Jordan Swift Campaign | | | |
| X Political | Contributions/Donatio Candidate/Officeholde | ns Made By | Dalabase software for | Laurer Jordan Swiit Campaign | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, | TX, officeholder living expense | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Iss | uer Paid | | |
| Expenditure from corporate funds | \$26.65 | 08/29/2024 | | | | |
| PAYEE | (a) Payee name | • | (b) Payee address; | City, State, Zip Code | | |
| | NCD VAN Inc | | 1445 New York Ave N\ | V | | |
| | NGP VAN Inc. | | Ste 200 | | | |
| | | | Washington, DC 20005 | 5-2158 | | |
| PURPOSE OF | (a) Category | -f.4b-i | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top Contributions/Donatio | • | Database software for | Laurel Jordan Swift Campaign | | |
| X Political | Candidate/Officeholde | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, | TX, officeholder living expense | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| 1. Total pages Schedule F4: Schitz NAME | l | | The Inst | ruction Guide explains how | to complete this for | m. | | | |
|--|---|---|-----------------------------------|--------------------------------|--------------------------|--------------------|-------------------------|-----------|--------------|
| A CREDIT CARD ISSUER | 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethi | cs Commis | sion Filers) |
| SSUER See previous | | Sch: 7/26 Rpt: | Annie's List | | | | 00053715 | | |
| PAYEE (a) Payee name | 4 | | | | EXPENDITUR CHARGED TO | ES | \$ | 1,097.6 | 61 |
| PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 (b) Description Database software for Laurel Jordan Swift Campaign Database software for Laurel Jordan Swift | 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit | Card Issuer | Paid | | |
| NGP VAN Inc. 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 | | | \$106.60 | 08/29/2024 | | | | | |
| Size 200 Washington, DC 20005-2158 | 7 | PAYEE | (a) Payee name | | (b) Payee address; City, | | | State, | Zip Code |
| EXPENDITURE Cise-citegones listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee City Check if Austin, TX, officeholder living expense | | | NGP VAN Inc. | | Ste 200 | | L58 | | |
| Political Contributions/Donations Made By Candidate/Officeholder/Political Committee | 8 | | | | (b) Description | | | | |
| Mon-Political Candidate/Officeholder/Political Committee | | EXPENDITURE | | | Database softv | vare for Lau | ırel Jordan Sw | ift Camp | aign |
| PAYMENT | | X Political | | | | | | | |
| expenditure to benefit C/OH PAYMENT Sependiture from corporate funds S106.60 O9/01/2024 (c) Date(s) Credit Card Issuer Paid | | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Che | ck if Austin, TX, | officeholder living exp | ense | |
| PAYMENT | 9 | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| Expenditure from corporate funds \$106.60 09/01/2024 PAYEE (a) Payee name | E | expenditure to benefit C/OH | | | | | | | |
| PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 (b) Description Database software for Laurel Jordan Swift Campaign Contributions/Donations Made By Candidate/Office/dolder/Political Committee (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Office/dolder name Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds (a) Amount Charged NGP VAN Inc. (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (b) Payee address; City, State, Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 (b) Description Database software for Laurel Jordan Swift Campaign (c) Date(s) Credit Card Issuer Paid PURPOSE OF EXPENDITURE PURPOSE OF EXPENDITURE PORTOSE OF EXPENDITURE PORTOSE OF EXPENDITURE PORTOSE OF EXPENDITURE PORTOSE OF EXPENDITURE (c) Candidate/Officeholder outside of Texas. Complete Schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate/Officeholder name Office sought Office sought Office held | | | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit | Card Issuer | Paid | | |
| NGP VAN Inc. 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 | | | \$106.60 | 09/01/2024 | | | | | |
| PURPOSE OF EXPENDITURE | Г | PAYEE | (a) Payee name | | (b) Payee addres | ss; | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE | | | NGP VAN Inc. | | Ste 200 | | 158 | | |
| Non-Political Candidate/Officeholder/Political Committee | | | (See Categories listed at the top | | | | | aign | |
| Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; (city, State, Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 PURPOSE OF EXPENDITURE X Political Onlitical Contributions/Donations Made By Candidate/Officeholder/Political Committee (c) Date(s) Credit Card Issuer Paid (b) Payee address; (ity, State, Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 (b) Description Database software for Laurel Jordan Swift Campaign Check if ravel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate/Officeholder name Office sought Office held | l | X Political | | | | | | | |
| expenditure to benefit C/OH PAYMENT Expenditure from corporate funds Anount Charge (a) Amount Charge (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (d) Amount Charge (e) Date(s) Credit Card Issuer Paid (d) Payee address; (d) Payee address. (e) Payee address. (f) Payee address. (b) Pay | | Non-Political | (c) Check if travel outside | | | eck if Austin, TX, | officeholder living exp | ense | |
| Expenditure from corporate funds \$373.10 09/01/2024 PAYEE (a) Payee name NGP VAN Inc. (b) Payee address; City, State, Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 PURPOSE OF EXPENDITURE See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Non-Political City State, Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 (b) Description Database software for Laurel Jordan Swift Campaign Candidate/Officeholder/Political Committee City State, Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 (b) Description Database software for Laurel Jordan Swift Campaign Candidate/Officeholder/Political Committee Complete ONLY if direct Candidate/Officeholder name Office sought Office held | € | · | Candidate/Officeholder | name Office | e sought | | Office held | | |
| PAYEE (a) Payee name NGP VAN Inc. (b) Payee address; City, State, Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct (d) Payee address; City, State, Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 (b) Description Database software for Laurel Jordan Swift Campaign Check if Austin, TX, officeholder living expense Coffice sought Office sought Office held | | | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit | Card Issuer | Paid | | |
| NGP VAN Inc. PURPOSE OF EXPENDITURE X Political Non-Political Non-Political Complete ONLY if direct (a) Category (See Categories listed at the top of this schedule) Candidate/Officeholder name (b) Taylot datal-rose, Sity, State, Expending 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 (b) Description Database software for Laurel Jordan Swift Campaign Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held | | | \$373.10 | 09/01/2024 | | | | | |
| NGP VAN Inc. Ste 200 Washington, DC 20005-2158 PURPOSE OF EXPENDITURE Ste 200 Washington, DC 20005-2158 | | PAYEE | (a) Payee name | | (b) Payee addres | ss; | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct Candidate/Officeholder name Office sought Ste 200 Washington, DC 20005-2158 (a) Category (b) Description Database software for Laurel Jordan Swift Campaign Database software for Laurel Jordan Swift Campaign Office sought Office holder living expense Candidate/Officeholder name Office sought Office held | | | NCD VAN Inc | | | Ave NW | | | |
| PURPOSE OF EXPENDITURE See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Non-Political Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | NGP VAN IIIC. | | | | | | |
| EXPENDITURE (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office held | L | | | | | C 20005-21 | L58 | | |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee Non-Political Complete ONLY if direct Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct Contributions/Donations Made By Candidate/Officeholder /Political Committee Complete ONLY if direct Contributions/Donations Made By Candidate/Officeholder /Political Committee Complete ONLY if direct Contributions/Donations Made By Candidate/Officeholder /Political Committee Complete ONLY if direct Contributions/Donations Made By Candidate/Officeholder /Political Committee Complete ONLY if direct Contributions/Donations Made By Candidate/Officeholder /Political Committee | | | , , , , | of this schedule) | 1 ` ′ ' | for I or | unal laudan Cu | ift Comm | a i a ua |
| Complete ONLY if direct | | | Contributions/Donatio | ns Made By | Dalabase solly | vare for Lac | irei Jordan Sw | iii Campi | aign |
| | | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Che | ck if Austin, TX, | officeholder living exp | ense | |
| | 6 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete this form. | | | | |
|---|--|---------------------------------|---|---------------------------|-------------|--------------|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Eth | ics Commiss | sion Filers) | |
| Sch: 8/26 Rpt: | Annie's List | | | 00053715 | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD | \$ | 1,097.6 | 61 | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | ıer Paid | | | |
| Expenditure from corporate funds | \$28.94 | 09/23/2024 | | | | | |
| 7 PAYEE | (a) Payee name | • | (b) Payee address; | City, | State, | Zip Code | |
| | Door Dash | | 8850 N Stemmons Fwy | | | | |
| | | | Dallas, TX 75247-3706 | | | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | | |
| EXPENDITURE X Political | (See Categories listed at the top Food/Beverage Expe | | food delivery | | | | |
| Non-Political | | of Towns Committee Coloradula T | dule T. Check if Austin, TX, officeholder living expense | | | | |
| | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule T. | e sought | Office held | pense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Onicenoidei | name Omc | e sought | Office field | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | ıer Paid | | | |
| Expenditure from corporate funds | \$25.78 | 09/22/2024 | (b) Bato(s) Great Gara 1990 | aci i did | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | |
| | Door Dash | , , | | • | | · | |
| | | | Dallas, TX 75247-3706 | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top | | food delivery | | | | |
| X Political | Food/Beverage Expe | nse | | | | | |
| Non-Political | (1) | of Texas. Complete Schedule T. | <u> </u> | X, officeholder living ex | pense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | Office held | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | ıer Paid | | | |
| Expenditure from corporate funds | \$245.61 | 07/01/2024 | | | | | |
| PAYEE | (a) Payee name | I | (b) Payee address; | City, | State, | Zip Code | |
| | | | 1600 Amphitheatre Pkw | 'y | | | |
| | Google | | · | - | | | |
| | | | Mountain View, CA 940 | 43-1351 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top Office Overhead/Ren | | Email | | | | |
| X Political | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, 1 | X, officeholder living ex | pense | | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | Office held | | | |
| expenditure to benefit C/OH | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete this form. | | | |
|----------------------------------|---|--------------------------------|--|--------------------------|-----------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethic | s Commiss | sion Filers) |
| Sch: 9/26 Rpt: | Annie's List | | | 00053715 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT | \$ | 1,097.6 | 61 |
| | | | CARD | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | r Paid | | |
| Expenditure from corporate funds | \$72.05 | 07/01/2024 | | | | |
| 7 PAYEE | (a) Payee name | • | (b) Payee address; | City, | State, | Zip Code |
| | Google | | 1600 Amphitheatre Pkwy | | | |
| | | | Mountain View, CA 94043 | 3-1351 | | |
| 8 PURPOSE OF | (a) Category | of this cobodule) | (b) Description | | | |
| EXPENDITURE X Political | (See Categories listed at the top Office Overhead/Rent | | Email | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expe | ense | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | r Paid | | |
| Expenditure from corporate funds | \$245.61 | 08/01/2024 | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| | Google | | 1600 Amphitheatre Pkwy | | | |
| | | | Mountain View, CA 94043 | 3-1351 | | |
| PURPOSE OF | (a) Category | 601 | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top Office Overhead/Rent | | Email | | | |
| X Political | | .s =/,ps/.es | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expe | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | r Paid | | |
| Expenditure from corporate funds | \$72.50 | 08/01/2024 | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| | Google | | 1600 Amphitheatre Pkwy | | | |
| | | | Mountain View, CA 94043 | 3-1351 | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top Office Overhead/Rent | | Email | | | |
| X Political | Office Overhead/Nerital Experise | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expe | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

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)

wages/Contract Labor OTHER (enter a category not listed at

| | The Inst | ruction Guide explains how | to complete th | is form. | | | |
|----------------------------------|--|--------------------------------|------------------------|--|-------------------------|------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | cs Commiss | sion Filers) |
| Sch: 10/26 Rpt: | Annie's List | | | | 00053715 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | OF UNITEMIZED DITURES ED TO A CREDIT | \$ | 1,097.6 | 61 |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issuer | r Paid | | |
| Expenditure from corporate funds | \$72.50 | 09/01/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | Google | | 1600 Amp | hitheatre Pkwy | | | |
| | | | | View, CA 94043 | 3-1351 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schodulo) | (b) Descript | ion | | | |
| X Political | Office Overhead/Rent | | Email | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issuer | r Paid | | |
| Expenditure from corporate funds | \$245.61 | 09/01/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | Google | | 1600 Amphitheatre Pkwy | | | | |
| | | | | View, CA 94043 | 3-1351 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schodulo) | (b) Descript | ion | | | |
| X Political | Office Overhead/Rent | | Email | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Г | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issuer | r Paid | | |
| Expenditure from corporate funds | \$1,250.00 | 08/02/2024 | | | | | |
| PAYEE | (a) Payee name | <u> </u> | (b) Payee a | ddress; | City, | State, | Zip Code |
| | | | 108 Blue 9 | Star | | | |
| | Brick Bar | | | | | | |
| | | | San Anton | nio, TX 78204-17 | 773 | | |
| PURPOSE OF | (a) Category | (d) | (b) Descript | | | | |
| EXPENDITURE | (See Categories listed at the top Event Expense | of this schedule) | event veni | ue rental fee | | | |
| X Political | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete this form. | | | |
|---|--|--------------------------------|--|---------------------------|------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethic | cs Commiss | sion Filers) |
| Sch: 11/26 Rpt: | Annie's List | | | 00053715 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ 1,097.61 | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | |
| Expenditure from corporate funds | \$365.44 | 09/10/2024 | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| | Brick Bar | | 108 Blue Star | | | |
| | | | San Antonio, TX 78204-1 | .773 | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE X Political | (See Categories listed at the top Event Expense | of this schedule) | event venue rental fee | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | ile T. Check if Austin, TX, officeholder living expense | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | r name Office | e sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | |
| Expenditure from corporate funds | \$2,267.38 | 09/09/2024 | | | | |
| PAYEE | (a) Payee name | • | (b) Payee address; | City, | State, | Zip Code |
| | 1`' ' | | 4100 Mccullough Ave | | | |
| | | | San Antonio, TX 78212-1 | .902 | | |
| PURPOSE OF | (a) Category | (1) | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top Food/Beverage Expe | • | food for event | | | |
| X Political | · · · · · · · · · · · · · · · · · · · | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | r name Office | e sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | |
| Expenditure from corporate funds | \$720.00 | 07/01/2024 | | | | |
| PAYEE | (a) Payee name | 1 | (b) Payee address; | City, | State, | Zip Code |
| | l | | 200 Spectrum Center Dr | | | |
| | Numero | | Ste 300 | | | |
| | | | Irvine, CA 92618-5004 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top Contributions/Donation | · · | Fundraising software for | Kristian Carran | za Campa | aign |
| X Political | | er/Political Committee | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living exp | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | r name Office | e sought | Office held | | |
| | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | | The Insti | ruction Guide explains how | to complete th | is form. | | | |
|---|--|---|--------------------------------|---|--|--------------------------|-----------|--------------|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) |
| | Sch: 12/26 Rpt: | Annie's List | | | | 00053715 | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEND | DF UNITEMIZED DITURES ED TO A CREDIT | \$ | 1,097.6 | 51 |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issuer | Paid | | |
| | Expenditure from corporate funds | \$720.00 | 08/01/2024 | | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | | Numero | | Ste 300 | 92618-5004 | | | |
| 8 | PURPOSE OF | (a) Category | | (b) Descripti | ion | | | |
| | EXPENDITURE X Political | (See Categories listed at the top Contributions/Donatio Candidate/Officeholde | ns Made By | Fundraisin | g software for K | ristian Carranz | a Campa | aign |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | |
| 9 | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| е | xpenditure to benefit C/OH | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issuer | Paid | | |
| | Expenditure from corporate funds | \$720.00 | 09/01/2024 | | | | | |
| | PAYEE | (a) Payee name | • | (b) Payee a | ddress; | City, | State, | Zip Code |
| | | Numero | Ste 300 | rum Center Dr 92618-5004 | | | | |
| Н | PURPOSE OF | (a) Category | | (b) Descripti | | | | |
| | EXPENDITURE | (See Categories listed at the top Contributions/Donatio | | Fundraising software for Kristian Carranza Campaign | | | | aign |
| | X Political | Candidate/Officeholde | | | | | | |
| | Non-Political | | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | |
| e | Complete ONLY if direct xpenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issuer | Paid | | |
| | Expenditure from corporate funds | \$48.00 | 07/25/2024 | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | | | | 200 Spect | rum Center Dr | | | |
| | | Numero | | Ste 300 | | | | |
| | | | | Irvine, CA | 92618-5004 | | | |
| | PURPOSE OF | (a) Category | 6 11. 1.1. | (b) Descripti | | | | |
| | EXPENDITURE | (See Categories listed at the top Contributions/Donatio | | Fundraisin | ig software for L | aurel Jordan S | wift Cam | ıpaign |
| | X Political | Candidate/Officeholde | | | | | | |
| L | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | |
| | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| е | xpenditure to benefit C/OH | | | | | | | |
| 1 | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

| Candidate/Officeriolder/Folitica | · · | ruction Guide explains how | · · | TILK (enter a category not listed above) | | |
|---|---|--------------------------------|---|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 13/26 Rpt: | Annie's List | | | 00053715 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ 1,097.61 | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$150.00 | 08/01/2024 | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | |
| | Numero | | 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004 | | | |
| 8 PURPOSE OF | (a) Category | , | (b) Description | | | |
| EXPENDITURE X Political | (See Categories listed at the top Contributions/Donatio Candidate/Officeholde | ons Made By | Fundraising software for L | aurel Jordan Swift Campaign | | |
| Non-Political | — | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expense | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$750.00 | 08/12/2024 | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | |
| | Numero | | 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE X Political | (See Categories listed at the top Contributions/Donatio Candidate/Officeholde | ons Made By | Fundraising software for Laurel Jordan Swift Campaign | | | |
| Non-Political | (c) Check if travel outside of | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$150.00 | 09/01/2024 | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | |
| | Numero | | 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top Contributions/Donatio | , | Fundraising software for L | aurel Jordan Swift Campaign | | |
| X Political | Candidate/Officeholde | | | | | |
| Non-Political | (C) Check if travel outside of | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | |
| experialitate to bettern croft | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete this form. | | | | |
|---|--|--------------------------------|---|----------------------------|-----------|--------------|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethio | s Commiss | sion Filers) | |
| Sch: 14/26 Rpt: | Annie's List | | | 00053715 | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD | \$ | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | ıer Paid | | | |
| Expenditure from corporate funds | \$750.00 | 09/16/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | |
| | Numero | | 200 Spectrum Center Di Ste 300 Irvine, CA 92618-5004 | r | | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | | |
| EXPENDITURE X Political | (See Categories listed at the top Contributions/Donatic Candidate/Officehold | | Fundraising software for Laurel Jordan Swift Campaig | | | npaign | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | T. Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | r name Office | e sought | Office held | | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | ıer Paid | | | |
| Expenditure from corporate funds | \$5,163.00 | 07/11/2024 | | | | | |
| PAYEE | (a) Payee name | • | (b) Payee address; | City, | State, | Zip Code | |
| | 1 | | PO Box 848315 | | | | |
| | | | Dallas, TX 75284-8315 | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top Office Overhead/Ren | | Insurance | | | | |
| X Political | omeo o verneda, reen | tai Expono | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, T | X, officeholder living exp | ense | | |
| Complete ONLY if direct | Candidate/Officeholder | r name Office | e sought | Office held | | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | ıer Paid | | | |
| Expenditure from corporate funds | \$180.71 | 07/11/2024 | | | | | |
| PAYEE | (a) Payee name | • | (b) Payee address; | City, | State, | Zip Code | |
| | l | | PO Box 848315 | | | | |
| | Marsh McLennan A | Agency | | | | | |
| | | | Dallas, TX 75284-8315 | | | | |
| PURPOSE OF | (a) Category | -f4b:bd-d-) | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top Office Overhead/Ren | | Insurance | | | | |
| X Political | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, T | X, officeholder living exp | ense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | r name Office | e sought | Office held | | | |
| | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete th | nis form. | | | |
|----------------------------------|---|--------------------------------|----------------|--|-------------------------|------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | cs Commiss | sion Filers) |
| Sch: 15/26 Rpt: | Annie's List | | | | 00053715 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | OF UNITEMIZED DITURES ED TO A CREDIT | \$ | 1,097.6 | 61 |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$150.00 | 07/15/2024 | | | | | |
| 7 PAYEE | (a) Payee name | • | (b) Payee a | ddress; | City, | State, | Zip Code |
| | Door Dash | | 8850 N St | emmons Fwy | | | |
| | | | Dallas, TX | 75247-3706 | | | |
| 8 PURPOSE OF | (a) Category | | (b) Descript | ion | | | |
| EXPENDITURE X Political | (See Categories listed at the top Gift/Awards/Memorial | | gift for stat | ff | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$30.00 | 07/15/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | | | 8850 N St | emmons Fwy | | | |
| | | | Dallas, TX | 75247-3706 | | | |
| PURPOSE OF | (a) Category | | (b) Descript | ion | | | |
| EXPENDITURE | (See Categories listed at the top Gift/Awards/Memorial | | gift for stat | ff | | | |
| X Political | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$257.50 | 09/16/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | | | 7926 Broa | ıdway | | | |
| | Flagship Campaign | S | Apt 707 | | | | |
| | | | San Anton | nio, TX 78209-26 | 613 | | |
| PURPOSE OF | (a) Category | | (b) Descript | | | | |
| EXPENDITURE | (See Categories listed at the top Consulting Expense | of this schedule) | political re | search | | | |
| X Political | 20110GIGITY EXPONDE | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Г | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| · | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete th | is form. | | | |
|---|---|---------------------------------------|----------------------------|---|-------------------------|------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | cs Commiss | sion Filers) |
| Sch: 16/26 Rpt: | Annie's List | | | | 00053715 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | F UNITEMIZED ITURES D TO A CREDIT | \$ | 1,097.6 | 61 |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$208.97 | 09/15/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee ad | ldress; | City, | State, | Zip Code |
| | DocuSign | | 303 W 15tl | | | | |
| | | | | 78701-1622 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descripti | on | | | |
| X Political | Travel In District | · · · · · · · · · · · · · · · · · · · | hotel | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$39.24 | 08/09/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee ad | ldress; | City, | State, | Zip Code |
| | Lyft | | 548 Marke | t St | | | |
| | | | | sco, CA 94104 | -5401 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description ride share | | | | |
| X Political | Travel In District | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | r name Office | e sought | | Office held | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$33.06 | 08/09/2024 | | | | | |
| PAYEE | (a) Payee name | • | (b) Payee ad | ldress; | City, | State, | Zip Code |
| | 1.4 | | 548 Marke | t St | | | |
| | Lyft | | | | | | |
| | | | | sco, CA 94104 | -5401 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descripti | on | | | |
| l <u> </u> | Travel In District | of this schedule) | ride share | | | | |
| X Political | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | r name Office | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete th | is form. | | | |
|----------------------------------|--|--------------------------------|----------------|---|-------------------------|-----------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) |
| Sch: 17/26 Rpt: | Annie's List | | | | 00053715 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | F UNITEMIZED ITURES D TO A CREDIT | \$ 1,097.61 | | 61 |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$102.27 | 08/10/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee ad | ddress; | City, | State, | Zip Code |
| | Lyft | | 548 Market St | | | | |
| | | | | isco, CA 94104 | -5401 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descripti | on | | | |
| X Political | Travel In District | or this solication | ride share | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office | | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$15.61 | 09/06/2024 | | | | | |
| PAYEE | (a) Payee name | • | (b) Payee ad | ddress; | City, | State, | Zip Code |
| | Lyft | 548 Market St | | | | | |
| | | | San Franci | isco, CA 94104 | -5401 | | |
| PURPOSE OF | (a) Category (See Categories listed at the top | of this cohodula) | (b) Descripti | on | | | |
| EXPENDITURE X Political | Travel In District | of this schedule) | ride share | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | r name Office | e sought | _ | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$16.95 | 09/06/2024 | | | | | |
| PAYEE | (a) Payee name | 1 | (b) Payee ac | ddress; | City, | State, | Zip Code |
| | | | 548 Marke | t St | | | |
| | Lyft | | | | | | |
| | | | San Franc | isco, CA 94104 | -5401 | | |
| PURPOSE OF | (a) Category (See Categories listed at the top | of this cohodula) | (b) Descripti | on | | | |
| EXPENDITURE | Travel In District | of this scriedule) | ride share | | | | |
| X Political | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | r name Office | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete th | is form. | | | |
|----------------------------------|--|--------------------------------|----------------|--|-------------------------|------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethio | cs Commiss | sion Filers) |
| Sch: 18/26 Rpt: | Annie's List | | | | 00053715 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | F UNITEMIZED ITURES ED TO A CREDIT | \$ | 1,097.6 | 61 |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$30.16 | 09/07/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | Lyft | | 548 Market St | | | | |
| | | San Francisco, CA 94104-5401 | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descripti | on | | | |
| X Political | Travel In District | or this seriedate) | ride share | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought | | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$26.86 | 09/09/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee ad | ddress; | City, | State, | Zip Code |
| | Lyft | 548 Market St | | | | | |
| | | | San Franc | isco, CA 94104 | -5401 | | |
| PURPOSE OF | (a) Category (See Categories listed at the top | of this cohodula) | (b) Descripti | on | | | |
| EXPENDITURE X Political | Travel In District | of this scriedule) | ride share | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | ` Г | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | - | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$20.92 | 09/16/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee ac | ddress; | City, | State, | Zip Code |
| | | | 548 Marke | t St | | | |
| | Lyft | | | | | | |
| | | | San Franc | isco, CA 94104 | -5401 | | |
| PURPOSE OF | (a) Category | -f.4h-ihh-d-\ | (b) Descripti | on | | | |
| EXPENDITURE | (See Categories listed at the top Travel In District | of this schedule) | ride share | | | | |
| X Political | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | | The Inst | ruction Guide explains how | to complete this form. | | | | |
|----------|----------------------------------|---|--------------------------------|---------------------------------------|----------------------------|-----------|--------------|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethic | s Commiss | sion Filers) | |
| | Sch: 19/26 Rpt: | Annie's List | | | 00053715 | | | |
| 4 | CREDIT CARD | Name of final | ncial institution | 5 TOTAL OF UNITEMIZED | 1. | | | |
| | ISSUER | see pi | revious | EXPENDITURES CHARGED TO A CREDIT CARD | . \$ | 1,097.6 | 51 | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | | |
| | Expenditure from corporate funds | \$16.04 | 09/18/2024 | | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee address; City, State, Zip | | | | |
| | | Lyft | 548 Market St | | | | | |
| | | | | San Francisco, CA 94104 | I-5401 | | | |
| 8 | PURPOSE OF | (a) Category | | (b) Description | | | | |
| | EXPENDITURE X Political | (See Categories listed at the top Travel In District | of this schedule) | ride share | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living expe | ense | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | | |
| е | xpenditure to benefit C/OH | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | | |
| | Expenditure from corporate funds | \$33.23 | 09/18/2024 | | | | | |
| | PAYEE | (a) Payee name | L | (b) Payee address; | City, | State, | Zip Code | |
| | | Lyft | | 548 Market St | | | | |
| | | | | San Francisco, CA 94104 | I-5401 | | | |
| H | PURPOSE OF | (a) Category | | (b) Description | | | | |
| | EXPENDITURE | (See Categories listed at the top | of this schedule) | ride share | | | | |
| | X Political | Travel In District | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living expe | ense | | |
| H | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | | |
| е | xpenditure to benefit C/OH | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | | |
| | Expenditure from corporate funds | \$18.09 | 09/19/2024 | | | | | |
| \vdash | PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | |
| | | (a) I ayee hame | | 548 Market St | Oity, | State, | Zip Code | |
| | | Lyft | | 340 Market St | | | | |
| | | | | San Francisco, CA 94104 | I-5401 | | | |
| H | PURPOSE OF | (a) Category | | (b) Description | | | | |
| | EXPENDITURE | (See Categories listed at the top | of this schedule) | ride share | | | | |
| | X Political | Travel In District | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living expe | ense | | |
| H | Complete ONLY if direct | Candidate/Officeholder | · | e sought | Office held | | | |
| е | xpenditure to benefit C/OH | | | | | | | |
| | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | | The Inst | ruction Guide explains how | to complete t | his form. | | | |
|---|----------------------------------|---|--------------------------------|--|--------------------------|-------------------------|-----------|--------------|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethi | cs Commis | sion Filers) |
| | Sch: 20/26 Rpt: | Annie's List | | | | 00053715 | | |
| 4 | CREDIT CARD | Name of final | ncial institution | | OF UNITEMIZED DITURES | \$ | 1.097.6 | 31 |
| | ISSUER | see pi | revious | | ED TO A CREDIT | | 1,037.0 | 71 |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | Expenditure from corporate funds | \$143.80 | 07/29/2024 | | | | | |
| 7 | PAYEE | (a) Payee name | • | (b) Payee address; City, State, Zip Co | | | | Zip Code |
| | | Acono | 1550 Bryant St | | | | | |
| | | Asana | Ste 200 | | | | | |
| L | | | | | cisco, CA 94103 | -4853 | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top | of this cahadula) | (b) Descrip | tion | | | |
| | EXPENDITURE X Political | Office Overhead/Rent | | software | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 | Complete ONLY if direct | | | | | Office held | | |
| е | xpenditure to benefit C/OH | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | Expenditure from corporate funds | \$143.80 | 08/29/2024 | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee a | address; | City, | State, | Zip Code |
| | | 1550 Bryant St | | | | | | |
| | | Asana | | Ste 200 | | | | |
| | | | | San Fran | cisco, CA 94103 | -4853 | | |
| | PURPOSE OF | (a) Category | of this calcadida | (b) Descrip | tion | | | |
| | EXPENDITURE | (See Categories listed at the top Office Overhead/Rent | | software | | | | |
| | X Political | | | | | | | |
| | Non-Political | · · · — | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| е | xpenditure to benefit C/OH | | T | T | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | Expenditure from corporate funds | \$149.25 | 07/26/2024 | | | | | |
| | PAYEE | (a) Payee name | • | (b) Payee a | address; | City, | State, | Zip Code |
| | | | | 6219 Gui | lford Ave | | | |
| | | Boardable | | | | | | |
| | | | | Indianapo | olis, IN 46220-30 | 90 | | |
| | PURPOSE OF | (a) Category | | (b) Descrip | tion | | | |
| | EXPENDITURE | (See Categories listed at the top Office Overhead/Rent | | software | | | | |
| | X Political | 2 | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | • | Office held | | |
| е | xpenditure to benefit C/OH | | | | | | | |
| | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete thi | is form. | | | |
|---|---|--------------------------------|-------------------|---|--------------------------|-----------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) |
| Sch: 21/26 Rpt: | Annie's List | | | | 00053715 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | F UNITEMIZED ITURES D TO A CREDIT | \$ | 1,097.6 | 51 |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | redit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$171.64 | 09/24/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee ac | ldress; | City, | State, | Zip Code |
| | Boardable | | 6219 Guilfo | ord Ave | | | |
| | | | | s, IN 46220-30 | 90 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this echodulo) | (b) Description | on | | | |
| X Political | Office Overhead/Rent | | software | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | |
| 9 Complete ONLY if direct | | | | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$171.64 | 09/24/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee ac | ldress; | City, | State, | Zip Code |
| | Boardable | | 6219 Guilford Ave | | | | |
| | | | Indianapoli | is, IN 46220-30 | 90 | | |
| PURPOSE OF | (a) Category | of this cobody (a) | (b) Description | on | | | |
| EXPENDITURE X Political | (See Categories listed at the top Office Overhead/Rent | | software | | | | |
| X Political Non-Political | | | _ | _ | | | |
| | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule T. | e sought | Check if Austin, TX, | officeholder living expe | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeriolder | Tiarrie Office | e sought | | Office field | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$69.29 | 07/07/2024 | | | | | |
| PAYEE | (a) Payee name | • | (b) Payee ac | ldress; | City, | State, | Zip Code |
| | DoouCian | | 303 W 15th | n St | | | |
| | DocuSign | | | | | | |
| | | | + | 78701-1622 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | on | | | |
| <u> </u> | Office Overhead/Rent | | software | | | | |
| X Political | | | | | | | |
| Non-Political | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Insti | ruction Guide explains how | to complete this form. | | | |
|----------------------------------|---|--|---|-------------------------|------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethi | cs Commiss | sion Filers) |
| Sch: 22/26 Rpt: | Annie's List | | | 00053715 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | 1,097.6 | 61 |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | |
| Expenditure from corporate funds | \$69.29 | 08/07/2024 | | | | |
| 7 PAYEE | (a) Payee name | • | (b) Payee address; | City, | State, | Zip Code |
| | DocuSign | 303 W 15th St | | | | |
| | | Austin, TX 78701-1622 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this echodulo) | (b) Description | | | |
| <u> </u> | | categories listed at the top of this schedule) ice Overhead/Rental Expense | | | | |
| X Political | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete ONLY if direct | Complete ONLY if direct Candidate/Officeholder name Office sought | | | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | |
| Expenditure from corporate funds | \$69.29 | 09/07/2024 | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| | DocuSign | DocuSign 303 W 15th S | | | | |
| | | | Austin, TX 78701-1622 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top Office Overhead/Rent | | software | | | |
| X Political | office Overflead/Neril | ai Experise | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | |
| Expenditure from corporate funds | \$711.57 | 09/08/2024 | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| | | | 109 E 7th St | | | |
| | Element | | | | | |
| | | | Austin, TX 78701-3208 | | | |
| PURPOSE OF | (a) Category | 601 | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top Travel In District | of this schedule) | staff lodging | | | |
| X Political | 1.0.0 | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete th | nis form. | | | |
|---|---|--------------------------------|---------------------------------------|--|-------------------------|------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethi | cs Commiss | sion Filers) |
| Sch: 23/26 Rpt: | Annie's List | | | | 00053715 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | OF UNITEMIZED DITURES ED TO A CREDIT | \$ 1,097.61 | | 61 |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| Expenditure from corporate funds | \$249.71 | 09/08/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; City, State, Zip C | | | Zip Code | |
| | Element | | 109 E 7th | St | | | |
| | | | Austin, TX | 78701-3208 | | | |
| 8 PURPOSE OF | (a) Category | | (b) Descript | | | | |
| EXPENDITURE X Political | (See Categories listed at the top Travel In District | of this schedule) | staff lodging | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Г | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Offic | ne Office sought | | | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| Expenditure from corporate funds | \$163.80 | 07/12/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | CubeSmart | | 1411 W 5th St | | | | |
| | | Austin, TX 78703-5103 | | | | | |
| PURPOSE OF | (a) Category | | (b) Descript | ion | | | |
| EXPENDITURE | (See Categories listed at the top Office Overhead/Ren | | storage | | | | |
| X Political | | <u>_</u> /,pooo | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| Expenditure from corporate funds | \$163.80 | 08/12/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | | | 1411 W 5t | th St | | | |
| | CubeSmart | | | | | | |
| | | | Austin, TX | 78703-5103 | | | |
| PURPOSE OF | (a) Category | | (b) Descript | ion | | | |
| EXPENDITURE | (See Categories listed at the top Office Overhead/Ren | , | storage | | | | |
| X Political | Jco o voi lieda/i (eli | LA EAPONDO | | | | | |
| Non-Political | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | | Office held | | |
| | • | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete th | nis form. | | | |
|----------------------------------|--|--------------------------------|---------------------------------------|--|-------------------------|-----------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethio | s Commiss | sion Filers) |
| Sch: 24/26 Rpt: | Annie's List | | | | 00053715 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | OF UNITEMIZED DITURES ED TO A CREDIT | \$ | 1,097.6 | 61 |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$167.08 | 09/16/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; City, State, Zip (| | | Zip Code | |
| | CubeSmart | 1411 W 5th St | | | | | |
| | | Austin, TX 78703-5103 | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descript | ion | | | |
| X Political | Office Overhead/Rent | | storage | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete ONLY if direct | ete ONLY if direct Candidate/Officeholder name Office sought | | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$350.00 | 09/03/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | Texas Tribune Festival 919 Congres Fl 6 | | | | | | |
| PURPOSE OF | (a) Category | | (b) Descript | 78701-2102 | | | |
| EXPENDITURE X Political | (See Categories listed at the top | of this schedule) | tickets to f | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Г | Check if Austin, TX. | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | <u> </u> | e sought | | Office held | | |
| expenditure to benefit C/OH | | | - | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issuer | · Paid | | |
| Expenditure from corporate funds | \$269.19 | 07/13/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | Zoom Video Comm | nunications | 2400 Aller | | | | |
| | () 0 : | | | 75204-2502 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descript | eting software | | | |
| X Political | Office Overhead/Rent | tal Expense | Viituai iiie | elling Software | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX. | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | · | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| Ī | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Instr | ruction Guide explains how | to complete th | is form. | | | |
|----------------------------------|---|--|--------------------------|---|--------------------------|-----------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) |
| Sch: 25/26 Rpt: | Annie's List | | | | 00053715 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | F UNITEMIZED ITURES D TO A CREDIT | \$ | 1,097.6 | 61 |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$270.78 | 08/13/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee ad | ddress; | City, | State, | Zip Code |
| | Zoom Video Comm | | | | | | |
| | (-) 0-1 | Dallas, TX 75204-2502 | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descripti | | | | |
| X Political | Office Overhead/Rent | | Virtual meeting software | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | |
| 9 Complete ONLY if direct | ct Candidate/Officeholder name Office sought | | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$270.78 | 09/21/2024 | | | | | |
| PAYEE | (a) Payee name | • | (b) Payee ad | ddress; | City, | State, | Zip Code |
| | Zoom Video Comm | oom Video Communications 2400 Allen St | | | | | |
| | | | Dallas, TX | 75204-2502 | | | |
| PURPOSE OF | (a) Category | of this colored (Is) | (b) Descripti | | | | |
| EXPENDITURE X Political | (See Categories listed at the top Office Overhead/Rent | | Virtual mee | eting software | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | · | Check if Austin, TX, | officeholder living expe | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issuer | Paid | | |
| Expenditure from corporate funds | \$319.80 | 07/30/2024 | | | | | |
| PAYEE | (a) Payee name | L | (b) Payee ad | ddress; | City, | State, | Zip Code |
| | | | 504 Lavac | a St | | | |
| | WP Engine | | Ste 1000 | | | | |
| | | | Austin, TX | 78701-2857 | | | |
| PURPOSE OF | (a) Category | | (b) Descripti | | | | |
| EXPENDITURE | (See Categories listed at the top Office Overhead/Rent | | Website ho | osting | | | |
| X Political | J. Hoc Overhead/Nem | LAPONOO | | | | | |
| Non-Political | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

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

| Candidate/Officeholder/Politic | | ices Sal | | THER (enter a category not listed above) | | | |
|---|--|--------------------------------|----------------------------------|--|--|--|--|
| The Instruction Guide explains how to complete this form. | | | | | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 26/26 Rpt: | Annie's List | | | 00053715 | | | |
| 4 CREDIT CARD | Name of fina | ncial institution | 5 TOTAL OF UNITEMIZED | 4 007 04 | | | |
| ISSUER | see p | revious | EXPENDITURES CHARGED TO A CREDIT | \$ 1,097.61 | | | |
| | | | CARD | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | | |
| Expenditure from corporate funds | \$500.00 | 07/29/2024 | | | | | |
| corporate farias | | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | |
| | Vision Change Win | | 228 Park Ave S PMB 686 | 76 | | | |
| | VISION Change will | | | | | | |
| | | | New York, NY 10003 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | | | |
| Consulting Expense | | | staff training and development | | | | |
| X Political | | | | | | | |
| Non-Political | 1 (*/ L | of Texas. Complete Schedule T. | | officeholder living expense | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | | |
| expenditure to benefit C/OH | | | | | | | |
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| TEXT ANNOTATION | |
|--|--|
| | Sch: 1/1 Rpt: 156/156 |
| FILER NAME Annie's List | Filer ID (Ethics Commission Filers) 00053715 |
| Schedule F4 | |
| Information entered by filer as a memo: | |
| Previous credit card charges that were doubled billed to our account were refunded back t | |
| The credit card charges on this report will paid by those existing credits. However, the filin the "Date(s) Credit Card Issuer Paid" field if it falls outside of this reporting period. | g software does not allow entering a date in |
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