

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

| | | | |
|---|--|--|------------------------------------|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00053715 | 2 Total pages filed: 156 |
| 3 COMMITTEE NAME Annie's List | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 10/07/2024 | |
| | | Date Hand-delivered or Date Postmarked | |
| | | Receipt # | Amount |
| | | Date Processed | |
| | | Date Imaged | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 303277 Austin, TX 78703 | | |
| | 5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Piper <hr/> NICKNAME LAST SUFFIX Stege Nelson | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3206 Harris Park Ave. Austin, TX 78705 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3206 Harris Park Ave. Austin, TX 78705 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (202) 812-0554 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 07/01/2024 09/26/2024 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11/05/2024 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | |
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| 12 COMMITTEE NAME Annie's List | 13 Filer ID (Ethics Commission Filers) 00053715 |
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|---|--|--|
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Laurel Jordan Swift State Representative |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |

| | | |
|-------------------------------|---|---------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 57,107.06 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 1,202.61 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 186,188.99 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 256,370.47 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Piper Stege Nelson

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 3 of 156

| | |
|--|---|
| 12 COMMITTEE NAME Annie's List | 13 Filer ID (Ethics Commission Filers) 00053715 |
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| | | |
|---|--|---|
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Kristian Carranza State Representative |
| | | 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.) | |
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| COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Elizabeth Ginsberg State Representative |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| | | |

SUBTOTALS - GPAC

| | | |
|--|---|---|
| 17 COMMITTEE NAME Annie's List | | 18 Filer ID (Ethics Commission Filers) 00053715 |
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| | NAME OF SCHEDULE | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 57,107.06 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 158,258.13 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 27,930.86 |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction 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 Commission Filers) 00053715 |
| 4 Date 07/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aberly, Suzanne (Ms.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5543 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 08/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aberly, Suzanne (Ms.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Dallas, TX 75219-5543 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aberly, Suzanne (Ms.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Dallas, TX 75219-5543 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aberly, Suzanne (Ms.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Dallas, TX 75219-5543 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Susan | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Torrance, CA 90501-5514 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/107 Rpt: 6/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/01/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Susan <hr/> 6 Contributor address; City; State; Zip Code Torrance, CA 90501-5514 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 07/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aden, Marilyn <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130-7960 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 08/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aden, Marilyn <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130-7960 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 09/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aden, Marilyn <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130-7960 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 07/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanen, Dennis <hr/> Contributor address; City; State; Zip Code Roseville, MN 55113-1214 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/107 Rpt: 7/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/09/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alaniz, Jennifer <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78240-2053 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 09/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alaniz, Linda <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240-2590 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Self employed | | Employer (See Instructions) |
| Date 07/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Stacy <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-4157 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) |
| Date 08/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Stacy <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-4157 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) |
| Date 07/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Sarah <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036-0166 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Development Coordinator | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/107 Rpt: 8/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/30/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Sarah <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75036-0166 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Development Coordinator | | 9 Employer (See Instructions) |
| Date 07/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashworth, Susan (Mrs.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-4613 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) |
| Date 08/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashworth, Susan (Mrs.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-4613 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) |
| Date 09/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashworth, Susan (Mrs.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-4613 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) |
| Date 07/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babb, Ann <hr/> Contributor address; City; State; Zip Code Oaklyn, NJ 08107-1922 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/107 Rpt: 9/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babb, Ann <hr/> 6 Contributor address; City; State; Zip Code Oaklyn, NJ 08107-1922 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 09/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babb, Ann <hr/> Contributor address; City; State; Zip Code Oaklyn, NJ 08107-1922 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagwell, Inelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-5396 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) |
| Date 07/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, John <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216-3520 | Amount of Contribution (\$) \$10.53 |
| Principal occupation / Job title (See Instructions) Non Profit Professional | | Employer (See Instructions) |
| Date 08/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, John <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216-3520 | Amount of Contribution (\$) \$10.53 |
| Principal occupation / Job title (See Instructions) Non Profit Professional | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/107 Rpt: 10/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/19/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banister, Simin <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019-2509 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 08/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banister, Simin <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-2509 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banister, Simin <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-2509 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barber, Karla R (Ms.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5546 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) |
| Date 08/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Edward <hr/> Contributor address; City; State; Zip Code Colorado Springs, CO 80911-3187 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Software support analyst | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/107 Rpt: 11/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/31/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, James | 7 Amount of Contribution (\$) \$10.00 |
| 6 Contributor address; City; State; Zip Code Bethesda, MD 20817-4850 | | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 08/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Carol | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78247-1936 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Judi | Amount of Contribution (\$) \$2.00 |
| Contributor address; City; State; Zip Code Surfside Beach, TX 77541-9447 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 08/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassett, Eric | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75243-7562 | | |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) |
| Date 07/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, nancy Cozette | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Arlington, TX 76006-4003 | | |
| Principal occupation / Job title (See Instructions) educator | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|---|---|
| The Instruction 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, nancy Cozette <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76006-4003 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) educator | | 9 Employer (See Instructions) |
| Date 07/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Becky <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-6200 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |
| Date 08/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Becky <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-6200 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |
| Date 09/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Becky <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-6200 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |
| Date 07/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Melissa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-5271 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/107 Rpt: 13/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Melissa <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-5271 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 09/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Melissa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-5271 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 07/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Tannya <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040-2504 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) |
| Date 08/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Tannya <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040-2504 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) |
| Date 09/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Tannya <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040-2504 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/107 Rpt: 14/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Eldo <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77035-3416 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) |
| Date 08/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Eldo <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-3416 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) |
| Date 09/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Eldo <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-3416 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berman, Betsy <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30306-4527 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) General Contractor | | Employer (See Instructions) |
| Date 09/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bermudez, Francisca <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-4419 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Escalation representative | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/107 Rpt: 15/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/31/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bird, David | 7 Amount of Contribution (\$) \$30.00 |
| 6 Contributor address; City; State; Zip Code Edgerton, WI 53534-9383 | | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 07/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birr, David | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Lake Barrington, IL 60010-1775 | | |
| Principal occupation / Job title (See Instructions) Energy Engineer | | Employer (See Instructions) |
| Date 09/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Kenneth | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78240-3823 | | |
| Principal occupation / Job title (See Instructions) Utility Technician | | Employer (See Instructions) |
| Date 08/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackson, Steve | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Austin, TX 78750-2811 | | |
| Principal occupation / Job title (See Instructions) Landscape Design | | Employer (See Instructions) |
| Date 09/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackson, Steve | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Austin, TX 78750-2811 | | |
| Principal occupation / Job title (See Instructions) Landscape Design | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/107 Rpt: 16/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/16/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Robert <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757-8134 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 07/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-8134 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-8134 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-8134 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-8134 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/107 Rpt: 17/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/24/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Robert <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757-8134 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 09/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonsteel, Cheri <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73120-8342 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyer, Marjorie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 07/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brashear, Barbett <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-3922 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Social worker | | Employer (See Instructions) |
| Date 07/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braunagel-Brown, Mary A. (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78736-3319 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/107 Rpt: 18/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/12/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braunagel-Brown, Mary A. (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78736-3319 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 09/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braunagel-Brown, Mary A. (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Austin, TX 78736-3319 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 07/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bray, Elizabeth | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Rollingwood, TX 78746-5943 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Angela | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Denton, TX 76207-1288 | |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) |
| Date 08/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Angela | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Denton, TX 76207-1288 | |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/107 Rpt: 19/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Angela <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76207-1288 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Professor | | 9 Employer (See Instructions) |
| Date 07/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bringmann, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78717-4516 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Software engineer | | Employer (See Instructions) |
| Date 07/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brogden, William <hr/> Contributor address; City; State; Zip Code Leander, TX 78641-9396 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) |
| Date 07/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bronstein, Dale <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112-5425 | Amount of Contribution (\$) \$20.24 |
| Principal occupation / Job title (See Instructions) Wine Merchant | | Employer (See Instructions) |
| Date 08/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bronstein, Dale <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112-5425 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Wine Merchant | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/107 Rpt: 20/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/16/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bronstein, Dale <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76112-5425 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Wine Merchant | | 9 Employer (See Instructions) |
| Date 07/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Royce <hr/> Contributor address; City; State; Zip Code Austin, TX 78702-4587 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) |
| Date 08/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Royce <hr/> Contributor address; City; State; Zip Code Austin, TX 78702-4587 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) |
| Date 08/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownscombe, Tom <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2355 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullock, Jan <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-2219 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/107 Rpt: 21/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/24/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullock, Jan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-2219 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 07/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CREWS, MICHAEL <hr/> Contributor address; City; State; Zip Code Los Ranchos, NM 87107 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Elizabeth J <hr/> Contributor address; City; State; Zip Code Big Spring, TX 79721-0509 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Elizabeth J <hr/> Contributor address; City; State; Zip Code Big Spring, TX 79721-0509 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Elizabeth J <hr/> Contributor address; City; State; Zip Code Big Spring, TX 79721-0509 | Amount of Contribution (\$) \$3.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/107 Rpt: 22/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campos, Jacqueline <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78210-5732 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Organizer/ Staff Representative | | 9 Employer (See Instructions) |
| Date 09/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carney, Christine <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-3057 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) Auditor | | Employer (See Instructions) |
| Date 08/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CarreonHernandez, Aurora <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78225-1435 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) School social worker | | Employer (See Instructions) |
| Date 08/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Thomas <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245-3521 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) not employed | | Employer (See Instructions) |
| Date 08/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaffee, Dianne <hr/> Contributor address; City; State; Zip Code Bothell, WA 98021-8625 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/107 Rpt: 23/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/31/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaffee, Dianne | 7 Amount of Contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code Bothell, WA 98021-8625 | | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 07/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Janette | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Temple, TX 76501-7671 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chanon, Renee | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Los Angeles, CA 90049-3625 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaussee, John | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75235-1611 | | |
| Principal occupation / Job title (See Instructions) Senior Director | | Employer (See Instructions) |
| Date 08/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaussee, John | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75235-1611 | | |
| Principal occupation / Job title (See Instructions) Senior Director | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/107 Rpt: 24/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/15/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaussee, John <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75235-1611 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Senior Director | | 9 Employer (See Instructions) |
| Date 07/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevalier, Joi <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-2345 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) |
| Date 08/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevalier, Joi <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-2345 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) |
| Date 09/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevalier, Joi <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-2345 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) |
| Date 07/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiarito, Bebe <hr/> Contributor address; City; State; Zip Code Portland, OR 97231-2600 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/107 Rpt: 25/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiarito, Bebe | 7 Amount of Contribution (\$) \$5.00 |
| 6 Contributor address; City; State; Zip Code Portland, OR 97231-2600 | | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 07/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Ann | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76109-2049 | | |
| Principal occupation / Job title (See Instructions) Certified Academic Language Therapist | | Employer (See Instructions) |
| Date 08/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Ann | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76109-2049 | | |
| Principal occupation / Job title (See Instructions) Certified Academic Language Therapist | | Employer (See Instructions) |
| Date 09/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Ann | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76109-2049 | | |
| Principal occupation / Job title (See Instructions) Certified Academic Language Therapist | | Employer (See Instructions) |
| Date 08/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church, Gordon | Amount of Contribution (\$) \$8.00 |
| Contributor address; City; State; Zip Code Kirkland, WA 98033-4696 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 22/107 Rpt: 26/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/19/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claire, Sylvia <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78248-2336 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 07/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Melinda <hr/> Contributor address; City; State; Zip Code Houston, TX 77227-2337 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 08/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Melinda <hr/> Contributor address; City; State; Zip Code Houston, TX 77227-2337 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 09/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Melinda <hr/> Contributor address; City; State; Zip Code Houston, TX 77227-2337 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 07/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Roger <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98225-6213 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 23/107 Rpt: 27/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/14/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Roger <hr/> 6 Contributor address; City; State; Zip Code Bellingham, WA 98225-6213 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 09/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Roger <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98225-6213 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifford, Cindy <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-4815 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) PR Fid | | Employer (See Instructions) |
| Date 09/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colton, Larisa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |
| Date 07/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conrad, Calvin <hr/> Contributor address; City; State; Zip Code Oxford, OH 45056-1017 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) sales | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 24/107 Rpt: 28/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/09/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conrad, Calvin <hr/> 6 Contributor address; City; State; Zip Code Oxford, OH 45056-1017 | 7 Amount of Contribution (\$) \$2.00 |
| 8 Principal occupation / Job title (See Instructions) sales | | 9 Employer (See Instructions) |
| Date 08/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Jeralynn <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-5050 | Amount of Contribution (\$) \$18.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Leilani <hr/> Contributor address; City; State; Zip Code Portland, OR 97201-3371 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Quality Analytic Reporting Specialist | | Employer (See Instructions) |
| Date 08/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Leilani <hr/> Contributor address; City; State; Zip Code Portland, OR 97201-3371 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Quality Analytic Reporting Specialist | | Employer (See Instructions) |
| Date 09/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Leilani <hr/> Contributor address; City; State; Zip Code Portland, OR 97201-3371 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Quality Analytic Reporting Specialist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 25/107 Rpt: 29/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/03/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, DeAnne <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78212-1542 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Associate Director for Outreach | | 9 Employer (See Instructions) |
| Date 08/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, DeAnne <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-1542 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Associate Director for Outreach | | Employer (See Instructions) |
| Date 08/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, DeAnne <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-1542 | Amount of Contribution (\$) \$800.00 |
| Principal occupation / Job title (See Instructions) Associate Director for Outreach | | Employer (See Instructions) |
| Date 09/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, DeAnne <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-1542 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Associate Director for Outreach | | Employer (See Instructions) |
| Date 07/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DECOUX, BEVERLEE <hr/> Contributor address; City; State; Zip Code Alamo, TX 78516-2604 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 26/107 Rpt: 30/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/08/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DECOUX, BEVERLEE <hr/> 6 Contributor address; City; State; Zip Code Alamo, TX 78516-2604 | 7 Amount of Contribution (\$) \$40.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 07/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEMAGALHAES, PATRICIA <hr/> Contributor address; City; State; Zip Code Portland, OR 97229-6382 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Substitute teacher | | Employer (See Instructions) |
| Date 09/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas, Janice <hr/> Contributor address; City; State; Zip Code Ventura, CA 93004-1142 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Nurse practitioner | | Employer (See Instructions) |
| Date 07/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Nurse practitioner | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 27/107 Rpt: 31/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 | |
| 8 Principal occupation / Job title (See Instructions) Nurse practitioner | | 9 Employer (See Instructions) |
| Date 08/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 | |
| Principal occupation / Job title (See Instructions) Nurse practitioner | | Employer (See Instructions) |
| Date 09/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 | |
| Principal occupation / Job title (See Instructions) Nurse practitioner | | Employer (See Instructions) |
| Date 09/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 | |
| Principal occupation / Job title (See Instructions) Nurse practitioner | | Employer (See Instructions) |
| Date 08/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John | Amount of Contribution (\$) \$12.00 |
| | Contributor address; City; State; Zip Code Bellingham, WA 98229-2347 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction 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 Filers) 00053715 |
| 4 Date 09/10/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Luna, Erick <hr/> 6 Contributor address; City; State; Zip Code Von Ormy, TX 78073-3324 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Chief Administrator | | 9 Employer (See Instructions) |
| Date 07/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean-Jones, Lesley <hr/> Contributor address; City; State; Zip Code Austin, TX 78751-3009 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) |
| Date 08/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean-Jones, Lesley <hr/> Contributor address; City; State; Zip Code Austin, TX 78751-3009 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) |
| Date 09/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean-Jones, Lesley <hr/> Contributor address; City; State; Zip Code Austin, TX 78751-3009 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) |
| Date 07/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dell, Marci <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-5097 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 29/107 Rpt: 33/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/13/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dell, Marci <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-5097 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 09/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dell, Marci <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-5097 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiCarlo, James <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94111-1133 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 09/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz, Benicio <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-4055 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |
| Date 08/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz, Marlene Cynthia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240-3222 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Operations Manager | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 30/107 Rpt: 34/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/14/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dibrell, Lauri <hr/> 6 Contributor address; City; State; Zip Code Texas City, TX 77591-7000 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Marketing | | 9 Employer (See Instructions) |
| Date 08/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dibrell, Lauri <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591-7000 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Marketing | | Employer (See Instructions) |
| Date 09/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dibrell, Lauri <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591-7000 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Marketing | | Employer (See Instructions) |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, Joyce <hr/> Contributor address; City; State; Zip Code Dallas, TX 75372-1057 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Operations | | Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, Joyce <hr/> Contributor address; City; State; Zip Code Dallas, TX 75372-1057 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Operations | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 31/107 Rpt: 35/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/15/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodson, Michael <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76116-0939 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dollive, Patricia <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-3444 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Jaquelin <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-8025 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) |
| Date 08/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Jaquelin <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-8025 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) |
| Date 09/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Jaquelin <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-8025 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 32/107 Rpt: 36/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Deborah <hr/> 6 Contributor address; City; State; Zip Code Marble Falls, TX 78654-1384 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) CPA | | 9 Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eickmeyer, Janet <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080-2324 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Smart, Patricia <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605-4916 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Smart, Patricia <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605-4916 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Smart, Patricia <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605-4916 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 33/107 Rpt: 37/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/13/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Quincy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-5160 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Chef | | 9 Employer (See Instructions) |
| Date 08/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Quincy <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-5160 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Chef | | Employer (See Instructions) |
| Date 09/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Quincy <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-5160 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Chef | | Employer (See Instructions) |
| Date 07/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Analysse <hr/> Contributor address; City; State; Zip Code Washington, DC 20002-7373 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) White house liaison | | Employer (See Instructions) |
| Date 08/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Analysse <hr/> Contributor address; City; State; Zip Code Washington, DC 20002-7373 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) White house liaison | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 34/107 Rpt: 38/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Analyse <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20002-7373 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) White house liaison | | 9 Employer (See Instructions) |
| Date 09/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estabrook, Helen <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3540 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Linda <hr/> Contributor address; City; State; Zip Code Donna, TX 78537-2409 | Amount of Contribution (\$) \$44.00 |
| Principal occupation / Job title (See Instructions) Campus Secretary | | Employer (See Instructions) |
| Date 08/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Linda <hr/> Contributor address; City; State; Zip Code Donna, TX 78537-2409 | Amount of Contribution (\$) \$44.00 |
| Principal occupation / Job title (See Instructions) Campus Secretary | | Employer (See Instructions) |
| Date 08/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faber, Joy <hr/> Contributor address; City; State; Zip Code Sea Isle City, NJ 08243-1989 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Administrative | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction 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 Filers) 00053715 |
| 4 Date 07/07/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Heather | 7 Amount of Contribution (\$) \$10.00 |
| | 6 Contributor address; City; State; Zip Code Center Point, TX 78010-3503 | |
| 8 Principal occupation / Job title (See Instructions) Teacher | | 9 Employer (See Instructions) |
| Date 07/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fasken, Andy | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Paris, TX 75462 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fasken, Andy | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Paris, TX 75462 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fasken, Andy | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Paris, TX 75462 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Firestone, Raymond | Amount of Contribution (\$) \$15.00 |
| | Contributor address; City; State; Zip Code New York, NY 10023-2667 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 36/107 Rpt: 40/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Mary <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-3702 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Organizational Development Consultant | | 9 Employer (See Instructions) |
| Date 08/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Mary <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-3702 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Organizational Development Consultant | | Employer (See Instructions) |
| Date 09/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Mary <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-3702 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Organizational Development Consultant | | Employer (See Instructions) |
| Date 09/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Liz <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248-0936 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Sales re | | Employer (See Instructions) |
| Date 07/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fortier, Adoneca <hr/> Contributor address; City; State; Zip Code Houston, TX 77080-2904 | Amount of Contribution (\$) \$20.24 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 37/107 Rpt: 41/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/19/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fossler, Kerry | 7 Amount of Contribution (\$) \$10.00 |
| 6 Contributor address; City; State; Zip Code Bastrop, TX 78602-2135 | | |
| 8 Principal occupation / Job title (See Instructions) Real Estate Agent | | 9 Employer (See Instructions) |
| Date 08/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fossler, Kerry | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Bastrop, TX 78602-2135 | | |
| Principal occupation / Job title (See Instructions) Real Estate Agent | | Employer (See Instructions) |
| Date 09/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fossler, Kerry | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Bastrop, TX 78602-2135 | | |
| Principal occupation / Job title (See Instructions) Real Estate Agent | | Employer (See Instructions) |
| Date 08/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Delaina | Amount of Contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code Houston, TX 77024-4920 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Michael | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Chicago, IL 60637-3812 | | |
| Principal occupation / Job title (See Instructions) Manager | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 38/107 Rpt: 42/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/16/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Michael <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60637-3812 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Manager | | 9 Employer (See Instructions) |
| Date 09/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Michael <hr/> Contributor address; City; State; Zip Code Chicago, IL 60637-3812 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Manager | | Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowles, Nicole <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023-4168 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Manager | | Employer (See Instructions) |
| Date 08/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowles, Nicole <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023-4168 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Manager | | Employer (See Instructions) |
| Date 09/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowles, Nicole <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023-4168 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Manager | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 39/107 Rpt: 43/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/28/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freer, Jill <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-2236 | 7 Amount of Contribution (\$) \$23.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 08/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freer, Jill <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-2236 | Amount of Contribution (\$) \$23.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 07/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Alexandra <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-5206 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Alexandra <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-5206 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvan, Eva <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229-4938 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 40/107 Rpt: 44/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garber, Martha <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019-5820 | 7 Amount of Contribution (\$) \$15.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 08/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garber, Martha <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-5820 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 09/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garber, Martha <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-5820 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 09/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Bryan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-3814 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Underwriting | | Employer (See Instructions) |
| Date 07/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Danna <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79110-1635 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Donor Services | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 41/107 Rpt: 45/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/31/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Danna | 7 Amount of Contribution (\$) \$5.00 |
| 6 Contributor address; City; State; Zip Code Amarillo, TX 79110-1635 | | |
| 8 Principal occupation / Job title (See Instructions) Donor Services | | 9 Employer (See Instructions) |
| Date 09/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, patricia | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78209-5102 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardnet, Patricia | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78209-5102 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Cherisse | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78249-2709 | | |
| Principal occupation / Job title (See Instructions) Administrator | | Employer (See Instructions) |
| Date 07/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Linda | Amount of Contribution (\$) \$44.00 |
| Contributor address; City; State; Zip Code Austin, TX 78731-4401 | | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction 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 Filers) 00053715 |
| 4 Date 08/22/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Linda <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731-4401 | 7 Amount of Contribution (\$) \$44.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) |
| Date 09/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Linda <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-4401 | Amount of Contribution (\$) \$44.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |
| Date 07/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaynor, Yvette Houlihan <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-2704 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaynor, Yvette Houlihan <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-2704 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaynor, Yvette Houlihan <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-2704 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 43/107 Rpt: 47/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/09/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, Karen | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78703-1962 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 08/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, Karen | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78703-1962 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, Karen | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78703-1962 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Karen Ostrum | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77005-2622 | |
| Principal occupation / Job title (See Instructions) Financial consultant | | Employer (See Instructions) |
| Date 07/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerbracht, Heidi L. | Amount of Contribution (\$) \$30.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78702-2238 | |
| Principal occupation / Job title (See Instructions) non-profit association | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 44/107 Rpt: 48/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/16/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerbracht, Heidi L. 6 Contributor address; City; State; Zip Code Austin, TX 78702-2238 | 7 Amount of Contribution (\$) \$30.00 |
| 8 Principal occupation / Job title (See Instructions) non-profit association | | 9 Employer (See Instructions) |
| Date 09/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerbracht, Heidi L. Contributor address; City; State; Zip Code Austin, TX 78702-2238 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) non-profit association | | Employer (See Instructions) |
| Date 07/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gholson, David Contributor address; City; State; Zip Code Eastport, ME 04631-1028 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbons, Luke Contributor address; City; State; Zip Code Richardson, TX 75081-2713 | Amount of Contribution (\$) \$258.32 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 07/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Al (Mr.) Contributor address; City; State; Zip Code Austin, TX 78763-0360 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 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 Date 08/14/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Al (Mr.) | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78763-0360 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 09/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Al (Mr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78763-0360 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillespie, Carrie | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77079-5052 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillette, Leann | Amount of Contribution (\$) \$20.24 |
| | Contributor address; City; State; Zip Code Austin, TX 78746-1720 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glandon, Kay | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Mill Creek, WA 98012-5001 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 46/107 Rpt: 50/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/31/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gobbo Jr, Edward | 7 Amount of Contribution (\$) \$3.00 |
| 6 Contributor address; City; State; Zip Code Hammonton, NJ 08037-2533 | | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 08/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gobbo Jr, Edward | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Hammonton, NJ 08037-2533 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gobbo Jr, Edward | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Hammonton, NJ 08037-2533 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gobbo Jr, Edward | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Hammonton, NJ 08037-2533 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gobbo Jr, Edward | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Hammonton, NJ 08037-2533 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 47/107 Rpt: 51/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/24/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gobbo Jr, Edward <hr/> 6 Contributor address; City; State; Zip Code Hammonton, NJ 08037-2533 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 07/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goerner, Jon <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-4109 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Retail | | Employer (See Instructions) |
| Date 08/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goerner, Jon <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-4109 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Retail | | Employer (See Instructions) |
| Date 09/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goerner, Jon <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-4109 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Retail | | Employer (See Instructions) |
| Date 07/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Veronica <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539-5904 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) University Administrator | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 48/107 Rpt: 52/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gore, Gail | 7 Amount of Contribution (\$) \$10.00 |
| 6 Contributor address; City; State; Zip Code Bedford, TX 76021-4257 | | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 07/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Zina | Amount of Contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code Washington, DC 20008-5112 | | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) |
| Date 08/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Zina | Amount of Contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code Washington, DC 20008-5112 | | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) |
| Date 09/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Zina | Amount of Contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code Washington, DC 20008-5112 | | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) |
| Date 07/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenfield, Stuart J | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Austin, TX 78757-6811 | | |
| Principal occupation / Job title (See Instructions) Lecturer | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction 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 Filers) 00053715 |
| 4 Date 08/05/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenfield, Stuart J | 7 Amount of Contribution (\$) \$10.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78757-6811 | | |
| 8 Principal occupation / Job title (See Instructions) Lecturer | | 9 Employer (See Instructions) |
| Date 09/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenfield, Stuart J | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Austin, TX 78757-6811 | | |
| Principal occupation / Job title (See Instructions) Lecturer | | Employer (See Instructions) |
| Date 07/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Andrea | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Houston, TX 77009-6629 | | |
| Principal occupation / Job title (See Instructions) fundraising | | Employer (See Instructions) |
| Date 08/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Andrea | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Houston, TX 77009-6629 | | |
| Principal occupation / Job title (See Instructions) fundraising | | Employer (See Instructions) |
| Date 09/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Andrea | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Houston, TX 77009-6629 | | |
| Principal occupation / Job title (See Instructions) fundraising | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|---|--|
| The Instruction Guide explains how to complete 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 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Nancy | 7 Amount of Contribution (\$) \$25.00 |
| 6 Contributor address; City; State; Zip Code Beaumont, TX 77706-6162 | | |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) |
| Date 09/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guajardo, Linda | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78230-5035 | | |
| Principal occupation / Job title (See Instructions) Paralegal | | Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guilloud, Nancy | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Houston, TX 77042-1321 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gullickson, Douglas | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701-2853 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 09/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Gloria | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78212-0534 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 51/107 Rpt: 55/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/28/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78750-1538 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 08/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78750-1538 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 07/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halliday, Jeni Ellis <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-5057 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamje, Vena <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-1830 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Linda <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-3968 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 52/107 Rpt: 56/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/12/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Linda | 7 Amount of Contribution (\$) \$5.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78759-3968 | | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 09/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Linda | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Austin, TX 78759-3968 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Kendyl | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Austin, TX 78704-3624 | | |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) |
| Date 08/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Kendyl | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Austin, TX 78704-3624 | | |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) |
| Date 09/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Kendyl | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Austin, TX 78704-3624 | | |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction 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 Filers) 00053715 |
| 4 Date 08/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harbeck, Hope <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75243-6304 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 07/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harman, Judith L. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-1153 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Lis <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-2028 | Amount of Contribution (\$) \$209.00 |
| Principal occupation / Job title (See Instructions) Senior Client and Project Manager | | Employer (See Instructions) |
| Date 08/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Lis <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-2028 | Amount of Contribution (\$) \$209.00 |
| Principal occupation / Job title (See Instructions) Senior Client and Project Manager | | Employer (See Instructions) |
| Date 09/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Lis <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-2028 | Amount of Contribution (\$) \$209.00 |
| Principal occupation / Job title (See Instructions) Senior Client and Project Manager | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 54/107 Rpt: 58/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebley, Sandi <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230-2240 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) RN LMSW | | 9 Employer (See Instructions) |
| Date 07/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensel, Frederick <hr/> Contributor address; City; State; Zip Code Houston, TX 77074-4726 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, George <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78228-2032 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 07/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, George <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78228-2032 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 07/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernholm, Cameron <hr/> Contributor address; City; State; Zip Code Dallas, TX 75223-1124 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Chief Philanthropy Officer | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 55/107 Rpt: 59/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/08/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernholm, Cameron <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75223-1124 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Chief Philanthropy Officer | | 9 Employer (See Instructions) |
| Date 09/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernholm, Cameron <hr/> Contributor address; City; State; Zip Code Dallas, TX 75223-1124 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Chief Philanthropy Officer | | Employer (See Instructions) |
| Date 07/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hershkowitz, Carol <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3929 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Ann <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20901-4020 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Adam <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-4218 | Amount of Contribution (\$) \$45.00 |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 56/107 Rpt: 60/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/14/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Adam | 7 Amount of Contribution (\$) \$45.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77006-4218 | | |
| 8 Principal occupation / Job title (See Instructions) Professor | | 9 Employer (See Instructions) |
| Date 09/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Adam | Amount of Contribution (\$) \$45.00 |
| Contributor address; City; State; Zip Code Houston, TX 77006-4218 | | |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) |
| Date 07/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodgkins, Cynthia | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76109-2601 | | |
| Principal occupation / Job title (See Instructions) Director | | Employer (See Instructions) |
| Date 08/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holbrook, Wyndee | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78232-5118 | | |
| Principal occupation / Job title (See Instructions) Coordinatot | | Employer (See Instructions) |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holbrook, Wyndee | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78232-5118 | | |
| Principal occupation / Job title (See Instructions) Coordinatot | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 57/107 Rpt: 61/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/01/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollinger, Mary | 7 Amount of Contribution (\$) \$15.00 |
| 6 Contributor address; City; State; Zip Code Huntingtown, MD 20639-0965 | | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollinger, Mary | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Huntingtown, MD 20639-0965 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holzer, Jean | Amount of Contribution (\$) \$18.00 |
| Contributor address; City; State; Zip Code Galveston, TX 77551-1745 | | |
| Principal occupation / Job title (See Instructions) systems & data analyst | | Employer (See Instructions) |
| Date 08/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holzer, Jean | Amount of Contribution (\$) \$18.00 |
| Contributor address; City; State; Zip Code Galveston, TX 77551-1745 | | |
| Principal occupation / Job title (See Instructions) systems & data analyst | | Employer (See Instructions) |
| Date 09/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holzer, Jean | Amount of Contribution (\$) \$18.00 |
| Contributor address; City; State; Zip Code Galveston, TX 77551-1745 | | |
| Principal occupation / Job title (See Instructions) systems & data analyst | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 58/107 Rpt: 62/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/08/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hovey, Krista <hr/> 6 Contributor address; City; State; Zip Code Pasadena, TX 77505-3748 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 07/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Elaine <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-3663 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |
| Date 08/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Elaine <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-3663 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |
| Date 07/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Amy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5048 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Legal marketing | | Employer (See Instructions) |
| Date 08/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Amy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5048 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Legal marketing | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 59/107 Rpt: 63/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Marge <hr/> 6 Contributor address; City; State; Zip Code Farmers Branch, TX 75234-2550 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Marge <hr/> Contributor address; City; State; Zip Code Farmers Branch, TX 75234-2550 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) |
| Date 07/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jasso, Pat Dominguez <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78223-3322 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Instructor | | Employer (See Instructions) |
| Date 09/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jatko, Brent <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-4906 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Joan F. <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-5201 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 60/107 Rpt: 64/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/01/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Victoria <hr/> 6 Contributor address; City; State; Zip Code La Mesa, CA 91941-8047 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 07/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Blalock, Jennifer <hr/> Contributor address; City; State; Zip Code New York, NY 10001-6261 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) literary agent | | Employer (See Instructions) |
| Date 08/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Blalock, Jennifer <hr/> Contributor address; City; State; Zip Code New York, NY 10001-6261 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) literary agent | | Employer (See Instructions) |
| Date 09/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Blalock, Jennifer <hr/> Contributor address; City; State; Zip Code New York, NY 10001-6261 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) literary agent | | Employer (See Instructions) |
| Date 09/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Geneva <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-6319 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 61/107 Rpt: 65/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/05/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Linda <hr/> 6 Contributor address; City; State; Zip Code Burr Ridge, IL 60527-8323 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) |
| Date 08/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-4438 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) investor | | Employer (See Instructions) |
| Date 09/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Sarah <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-5123 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Artist | | Employer (See Instructions) |
| Date 07/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Janet <hr/> Contributor address; City; State; Zip Code Duncanville, TX 75137-4525 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KING, STEPHEN <hr/> Contributor address; City; State; Zip Code Houston, TX 77061-3831 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 62/107 Rpt: 66/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KING, STEPHEN | 7 Amount of Contribution (\$) \$10.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77061-3831 | | |
| 8 Principal occupation / Job title (See Instructions) Professor | | 9 Employer (See Instructions) |
| Date 07/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karempudi, Sahiti | Amount of Contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code Austin, TX 78702-5313 | | |
| Principal occupation / Job title (See Instructions) program coordinator | | Employer (See Instructions) |
| Date 08/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karempudi, Sahiti | Amount of Contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code Austin, TX 78702-5313 | | |
| Principal occupation / Job title (See Instructions) program coordinator | | Employer (See Instructions) |
| Date 07/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karny, Lori | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Los Angeles, CA 90048-5126 | | |
| Principal occupation / Job title (See Instructions) Clinical Social Worker | | Employer (See Instructions) |
| Date 08/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karny, Lori | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Los Angeles, CA 90048-5126 | | |
| Principal occupation / Job title (See Instructions) Clinical Social Worker | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 63/107 Rpt: 67/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/31/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Don <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78230-1705 | 7 Amount of Contribution (\$) \$15.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 09/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Don <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-1705 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Don <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-1705 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khoslas, Joan <hr/> Contributor address; City; State; Zip Code Houston, TX 77292-0720 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) CPA | | Employer (See Instructions) |
| Date 08/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khoslas, Joan <hr/> Contributor address; City; State; Zip Code Houston, TX 77292-0720 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) CPA | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete 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 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khoslas, Joan <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77292-0720 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) CPA | | 9 Employer (See Instructions) |
| Date 09/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klepac, Glenn <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15217-2586 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Patent Attorney | | Employer (See Instructions) |
| Date 08/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koli, Anuradha <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-0005 | Amount of Contribution (\$) \$36.34 |
| Principal occupation / Job title (See Instructions) Director | | Employer (See Instructions) |
| Date 07/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOWREY, AMY L <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2412 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) singer | | Employer (See Instructions) |
| Date 07/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOWREY, AMY L <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2412 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) singer | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 65/107 Rpt: 69/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/16/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOWREY, AMY L | 7 Amount of Contribution (\$) \$10.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78704-2412 | | |
| 8 Principal occupation / Job title (See Instructions) singer | | 9 Employer (See Instructions) |
| Date 08/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOWREY, AMY L | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Austin, TX 78704-2412 | | |
| Principal occupation / Job title (See Instructions) singer | | Employer (See Instructions) |
| Date 09/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOWREY, AMY L | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Austin, TX 78704-2412 | | |
| Principal occupation / Job title (See Instructions) singer | | Employer (See Instructions) |
| Date 07/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laird, Anna | Amount of Contribution (\$) \$1.00 |
| Contributor address; City; State; Zip Code Lewisville, TX 75056-6037 | | |
| Principal occupation / Job title (See Instructions) law intern | | Employer (See Instructions) |
| Date 07/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Ruth | Amount of Contribution (\$) \$22.00 |
| Contributor address; City; State; Zip Code Melbourne, FL 32940-6815 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 66/107 Rpt: 70/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Ruth <hr/> 6 Contributor address; City; State; Zip Code Melbourne, FL 32940-6815 | 7 Amount of Contribution (\$) \$22.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 09/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Ruth <hr/> Contributor address; City; State; Zip Code Melbourne, FL 32940-6815 | Amount of Contribution (\$) \$22.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Carole <hr/> Contributor address; City; State; Zip Code Irving, TX 75062-3646 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 09/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Carole <hr/> Contributor address; City; State; Zip Code Irving, TX 75062-3646 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 07/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Mai <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087-5202 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 67/107 Rpt: 71/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/05/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Mai <hr/> 6 Contributor address; City; State; Zip Code Sunnyvale, CA 94087-5202 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Engineer | | 9 Employer (See Instructions) |
| Date 09/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Mai <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087-5202 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) |
| Date 09/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Michael <hr/> Contributor address; City; State; Zip Code San Jose, CA 95120-2232 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) |
| Date 07/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leff, Debra S <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-3525 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 08/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leff, Debra S <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-3525 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 68/107 Rpt: 72/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leff, Debra S <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78756-3525 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 07/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, Byron <hr/> Contributor address; City; State; Zip Code Katy, TX 77449-7504 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lervisit, Woot <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243-4001 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |
| Date 08/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lervisit, Woot <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243-4001 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |
| Date 09/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lervisit, Woot <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243-4001 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 69/107 Rpt: 73/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/09/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Diana Rae <hr/> 6 Contributor address; City; State; Zip Code Sonoma, CA 95476-2031 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 09/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liefert, Laurel <hr/> Contributor address; City; State; Zip Code Richmond, CA 94801-4199 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lightbourn, Rita <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201-3140 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Social Worker | | Employer (See Instructions) |
| Date 09/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Lolly <hr/> Contributor address; City; State; Zip Code Austin, TX 78728-0006 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Ph D RN | | Employer (See Instructions) |
| Date 09/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Rebecca <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78228-3112 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 70/107 Rpt: 74/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/22/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Sandra S. (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77024-8001 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Sales | | 9 Employer (See Instructions) |
| Date 08/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Sandra S. (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-8001 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Sandra S. (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-8001 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) |
| Date 09/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Sandra S. (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-8001 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) |
| Date 07/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucido, Rita <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-1741 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) attorney | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 71/107 Rpt: 75/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/04/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucido, Rita | 7 Amount of Contribution (\$) \$200.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77002-1741 | | |
| 8 Principal occupation / Job title (See Instructions) attorney | | 9 Employer (See Instructions) |
| Date 09/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucido, Rita | Amount of Contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code Houston, TX 77002-1741 | | |
| Principal occupation / Job title (See Instructions) attorney | | Employer (See Instructions) |
| Date 09/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyon, Linda | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Redmond, WA 98052-5403 | | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) |
| Date 07/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MPH, H. Leabah Winter | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Alameda, CA 94501-1682 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madden, Judy | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78216-7708 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction 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 Filers) 00053715 |
| 4 Date 08/22/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madden, Judy <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78216-7708 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 09/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madden, Judy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216-7708 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Linda <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254-2206 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Stephen <hr/> Contributor address; City; State; Zip Code Pinole, CA 94564-1220 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Stephen <hr/> Contributor address; City; State; Zip Code Pinole, CA 94564-1220 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 73/107 Rpt: 77/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martizia, Patricia <hr/> 6 Contributor address; City; State; Zip Code Aumsville, OR 97325-9507 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) |
| Date 07/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Spencer <hr/> Contributor address; City; State; Zip Code Houston, TX 77084-4312 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Spencer <hr/> Contributor address; City; State; Zip Code Houston, TX 77084-4312 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Spencer <hr/> Contributor address; City; State; Zip Code Houston, TX 77084-4312 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donna <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478-1947 | Amount of Contribution (\$) \$7.00 |
| Principal occupation / Job title (See Instructions) Management consultant | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 74/107 Rpt: 78/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/07/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donna <hr/> 6 Contributor address; City; State; Zip Code Belmont, MA 02478-1947 | 7 Amount of Contribution (\$) \$7.00 |
| 8 Principal occupation / Job title (See Instructions) Management consultant | | 9 Employer (See Instructions) |
| Date 09/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donna <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478-1947 | Amount of Contribution (\$) \$7.00 |
| Principal occupation / Job title (See Instructions) Management consultant | | Employer (See Instructions) |
| Date 08/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mazuca, Theresa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216-1777 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) |
| Date 08/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mazuca-Garcia, Theresa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216-1777 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mazuca-Garcia, Theresa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216-1777 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 75/107 Rpt: 79/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Maureen | 7 Amount of Contribution (\$) \$10.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78757-1949 | | |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) |
| Date 08/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Maureen | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Austin, TX 78757-1949 | | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) |
| Date 09/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Maureen | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Austin, TX 78757-1949 | | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) |
| Date 07/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Patrick | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Sacramento, CA 95818-4106 | | |
| Principal occupation / Job title (See Instructions) Forester | | Employer (See Instructions) |
| Date 08/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Patrick | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Sacramento, CA 95818-4106 | | |
| Principal occupation / Job title (See Instructions) Forester | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 76/107 Rpt: 80/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/26/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Patrick | 7 Amount of Contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code Sacramento, CA 95818-4106 | | |
| 8 Principal occupation / Job title (See Instructions) Forester | | 9 Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDuff, Rebecca | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Austin, TX 78724-6191 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andrew | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75248-1505 | | |
| Principal occupation / Job title (See Instructions) Psychologist | | Employer (See Instructions) |
| Date 07/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuffey, Barbara Shivers | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Houston, TX 77004-5938 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 08/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuffey, Barbara Shivers | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Houston, TX 77004-5938 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 77/107 Rpt: 81/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/26/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuffey, Barbara Shivers | 7 Amount of Contribution (\$) \$25.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77004-5938 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 07/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Mary | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Houston, TX 77074-7739 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIlheran, Sarah | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Austin, TX 78734-1525 | | |
| Principal occupation / Job title (See Instructions) physical therapist | | Employer (See Instructions) |
| Date 08/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIlheran, Sarah | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Austin, TX 78734-1525 | | |
| Principal occupation / Job title (See Instructions) physical therapist | | Employer (See Instructions) |
| Date 09/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIlheran, Sarah | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Austin, TX 78734-1525 | | |
| Principal occupation / Job title (See Instructions) physical therapist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 78/107 Rpt: 82/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/08/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle | 7 Amount of Contribution (\$) \$20.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78759-4723 | | |
| 8 Principal occupation / Job title (See Instructions) Assistant GC | | 9 Employer (See Instructions) |
| Date 07/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Austin, TX 78759-4723 | | |
| Principal occupation / Job title (See Instructions) Assistant GC | | Employer (See Instructions) |
| Date 08/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle | Amount of Contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code Austin, TX 78759-4723 | | |
| Principal occupation / Job title (See Instructions) Assistant GC | | Employer (See Instructions) |
| Date 08/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Austin, TX 78759-4723 | | |
| Principal occupation / Job title (See Instructions) Assistant GC | | Employer (See Instructions) |
| Date 09/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle | Amount of Contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code Austin, TX 78759-4723 | | |
| Principal occupation / Job title (See Instructions) Assistant GC | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction 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 Filers) 00053715 |
| 4 Date 07/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mengel, Gary <hr/> 6 Contributor address; City; State; Zip Code Westminster, CO 80031-2824 | 7 Amount of Contribution (\$) \$11.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 07/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Lynn <hr/> Contributor address; City; State; Zip Code Austin, TX 78752-3333 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minter, Shannon <hr/> Contributor address; City; State; Zip Code Pickton, TX 75471-0012 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) lawyer | | Employer (See Instructions) |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-2203 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mix, Darcy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-2346 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Self employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 80/107 Rpt: 84/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/28/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mix, Darcy <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78212-2346 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Self employed | | 9 Employer (See Instructions) |
| Date 09/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montez, Isaiah <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77355-4386 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) |
| Date 07/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Linda <hr/> Contributor address; City; State; Zip Code Houston, TX 77009-1928 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) labor organizer | | Employer (See Instructions) |
| Date 08/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moskowitz, Anns <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-5019 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mostyn, Amber <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3001 | Amount of Contribution (\$) \$20,000.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 81/107 Rpt: 85/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/22/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neavel, Nancy Trager (Ms.) | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78703-1159 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholls, Rosalie | Amount of Contribution (\$) \$20.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78748-5430 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Cheryl | Amount of Contribution (\$) \$5.25 |
| | Contributor address; City; State; Zip Code Arlington, TX 76011-2620 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Shannon | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78735-6605 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |
| Date 08/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Shannon | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78735-6605 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 82/107 Rpt: 86/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/13/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Shannon <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78735-6605 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) |
| Date 08/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ocanas, Gilberto <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-7719 | Amount of Contribution (\$) \$750.00 |
| Principal occupation / Job title (See Instructions) Public Affairs Strategist | | Employer (See Instructions) |
| Date 09/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ocanas, Gilberto <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-7719 | Amount of Contribution (\$) \$750.00 |
| Principal occupation / Job title (See Instructions) Public Affairs Strategist | | Employer (See Instructions) |
| Date 07/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onderlinde, William <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245-3031 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Laborer | | Employer (See Instructions) |
| Date 09/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pardee, Neal <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90026-1112 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 83/107 Rpt: 87/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pardee, Neal <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90026-1112 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 07/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Mary Anna <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-7871 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Real estate broker | | Employer (See Instructions) |
| Date 08/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Mary Anna <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-7871 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Real estate broker | | Employer (See Instructions) |
| Date 09/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Mary Anna <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-7871 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Real estate broker | | Employer (See Instructions) |
| Date 09/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Pamela <hr/> Contributor address; City; State; Zip Code Austin, TX 78702-1805 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 84/107 Rpt: 88/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/09/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelayo, Joseph <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78258-1610 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Software Engineer | | 9 Employer (See Instructions) |
| Date 09/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peri, Vishnu <hr/> Contributor address; City; State; Zip Code Savannah, GA 31405-7607 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Office Manager | | Employer (See Instructions) |
| Date 07/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrenod, William <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70117-5727 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Nonprofit Business Consultant | | Employer (See Instructions) |
| Date 08/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrenod, William <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70117-5727 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Nonprofit Business Consultant | | Employer (See Instructions) |
| Date 09/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrenod, William <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70117-5727 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Nonprofit Business Consultant | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 85/107 Rpt: 89/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Linda <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757-1830 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 07/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Linda <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-1830 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Linda <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-1830 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Linda <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-1830 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfiester, R E <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90039-3707 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 86/107 Rpt: 90/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/20/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pique, Lynn <hr/> 6 Contributor address; City; State; Zip Code Redwood City, CA 94063-1036 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 07/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polito, Catherine <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-5001 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) |
| Date 08/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polito, Catherine <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-5001 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) |
| Date 09/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polito, Catherine <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-5001 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) |
| Date 08/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Lynne <hr/> Contributor address; City; State; Zip Code San Pedro, CA 90731-6224 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 87/107 Rpt: 91/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/26/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Posada, Blanca <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78247-2723 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) massage therapist | | 9 Employer (See Instructions) |
| Date 09/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prado, Bessie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78228-5322 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Registered nurse | | Employer (See Instructions) |
| Date 07/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Putman, Michael <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-3302 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) lawyer | | Employer (See Instructions) |
| Date 07/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramshaw, Gregg <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-5475 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Sandra Lemcke (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-6166 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 88/107 Rpt: 92/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/04/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Sandra Lemcke (Ms.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77006-6166 | |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) |
| Date 09/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Sandra Lemcke (Ms.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Houston, TX 77006-6166 | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) |
| Date 07/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renteria, Rudy | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Culver City, CA 90230-4810 | |
| Principal occupation / Job title (See Instructions) HR | | Employer (See Instructions) |
| Date 07/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynoso, Beatriz | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Harlingen, TX 78552-2261 | |
| Principal occupation / Job title (See Instructions) Design Consulting | | Employer (See Instructions) |
| Date 08/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynoso, Beatriz | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Harlingen, TX 78552-2261 | |
| Principal occupation / Job title (See Instructions) Design Consulting | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction 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 Filers) 00053715 |
| 4 Date 09/01/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynoso, Beatriz | 7 Amount of Contribution (\$) \$5.00 |
| 6 Contributor address; City; State; Zip Code Harlingen, TX 78552-2261 | | |
| 8 Principal occupation / Job title (See Instructions) Design Consulting | | 9 Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Joanne | Amount of Contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code Austin, TX 78750-8202 | | |
| Principal occupation / Job title (See Instructions) N/A | | Employer (See Instructions) |
| Date 08/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Joanne | Amount of Contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code Austin, TX 78750-8202 | | |
| Principal occupation / Job title (See Instructions) N/A | | Employer (See Instructions) |
| Date 09/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Joanne | Amount of Contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code Austin, TX 78750-8202 | | |
| Principal occupation / Job title (See Instructions) N/A | | Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Edith | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Grand Blanc, MI 48439-8732 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 90/107 Rpt: 94/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/01/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Erika <hr/> 6 Contributor address; City; State; Zip Code Glendale, CA 91205-3564 | 7 Amount of Contribution (\$) \$20.85 |
| 8 Principal occupation / Job title (See Instructions) Editor | | 9 Employer (See Instructions) |
| Date 07/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137-2058 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 08/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137-2058 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 09/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137-2058 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 09/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137-2058 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 91/107 Rpt: 95/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/15/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Mary Esther <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-4332 | 7 Amount of Contribution (\$) \$15.00 |
| 8 Principal occupation / Job title (See Instructions) physician | | 9 Employer (See Instructions) |
| Date 08/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Mary Esther <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-4332 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) physician | | Employer (See Instructions) |
| Date 09/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Mary Esther <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-4332 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) physician | | Employer (See Instructions) |
| Date 07/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232-1301 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232-1301 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 92/107 Rpt: 96/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolke, Paul <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704-1315 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Rancher | | 9 Employer (See Instructions) |
| Date 07/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rood, Magdalena <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-3151 | Amount of Contribution (\$) \$20.24 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosales, Nadia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-3123 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Agile Director | | Employer (See Instructions) |
| Date 07/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Ilene <hr/> Contributor address; City; State; Zip Code Floral Park, NY 11005-1023 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Business Executive | | Employer (See Instructions) |
| Date 09/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowley, Renee <hr/> Contributor address; City; State; Zip Code Western Springs, IL 60558-2109 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Pediatric Physical Therapist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 93/107 Rpt: 97/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/08/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Gina <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78249-1513 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Scrum Master | | 9 Employer (See Instructions) |
| Date 07/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarath, Patrice <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-3036 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Researcher | | Employer (See Instructions) |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarath, Patrice <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-3036 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Researcher | | Employer (See Instructions) |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Jane <hr/> Contributor address; City; State; Zip Code Waco, TX 76708-0630 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawyer, Robin <hr/> Contributor address; City; State; Zip Code Mclean, VA 22102-5864 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Programs Manager | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 94/107 Rpt: 98/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/06/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawyer, Robin <hr/> 6 Contributor address; City; State; Zip Code Mclean, VA 22102-5864 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Programs Manager | | 9 Employer (See Instructions) |
| Date 09/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawyer, Robin <hr/> Contributor address; City; State; Zip Code Mclean, VA 22102-5864 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Programs Manager | | Employer (See Instructions) |
| Date 09/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulte, Monica <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-7512 | Amount of Contribution (\$) \$16.00 |
| Principal occupation / Job title (See Instructions) Insurance claims | | Employer (See Instructions) |
| Date 08/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scourtis, Linda <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-2173 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Planner | | Employer (See Instructions) |
| Date 07/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seldin, Ellen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2437 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 95/107 Rpt: 99/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/13/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seldin, Ellen <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230-2437 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 09/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seldin, Ellen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2437 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 09/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selk, Susan <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902-3262 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) College Professor | | Employer (See Instructions) |
| Date 07/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharpe, Mary <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-2833 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) planning facilitator | | Employer (See Instructions) |
| Date 08/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharpe, Mary <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-2833 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) planning facilitator | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 96/107 Rpt: 100/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/15/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharpe, Mary <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-2833 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) planning facilitator | | 9 Employer (See Instructions) |
| Date 07/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Caroline <hr/> Contributor address; City; State; Zip Code Keller, TX 76248-5223 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Caroline <hr/> Contributor address; City; State; Zip Code Keller, TX 76248-5223 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Caroline <hr/> Contributor address; City; State; Zip Code Keller, TX 76248-5223 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherrow, Teri <hr/> Contributor address; City; State; Zip Code Kihei, HI 96753-9226 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Realtor/Broker/Owner | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 97/107 Rpt: 101/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/05/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skidmore, Danielle <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701-4271 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Civil Engineer | | 9 Employer (See Instructions) |
| Date 08/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skidmore, Danielle <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-4271 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Civil Engineer | | Employer (See Instructions) |
| Date 09/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skidmore, Danielle <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-4271 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Civil Engineer | | Employer (See Instructions) |
| Date 08/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soper, Anne <hr/> Contributor address; City; State; Zip Code Nokomis, FL 34275-1897 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soper, Anne <hr/> Contributor address; City; State; Zip Code Nokomis, FL 34275-1897 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 98/107 Rpt: 102/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starks, Nikki | 7 Amount of Contribution (\$) \$10.00 |
| | 6 Contributor address; City; State; Zip Code Belton, TX 76513-3050 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 09/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staton, Elaine | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78254-2057 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinwedell, Patricia | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78746-6986 | |
| Principal occupation / Job title (See Instructions) Finance | | Employer (See Instructions) |
| Date 09/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinwedell, Patricia | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78746-6986 | |
| Principal occupation / Job title (See Instructions) Finance | | Employer (See Instructions) |
| Date 07/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sufit, Carl | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Escalon, CA 95320-9615 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 99/107 Rpt: 103/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/05/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susser, Susan <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-2300 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) |
| Date 07/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabor, Catherine L <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-3314 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |
| Date 08/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabor, Catherine L <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-3314 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |
| Date 07/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, James Wallace <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-3815 | Amount of Contribution (\$) \$20.24 |
| Principal occupation / Job title (See Instructions) Financial Advisor | | Employer (See Instructions) |
| Date 07/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Temple, Ellen <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75901-7346 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 100/107 Rpt: 104/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/22/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Temple, Ellen <hr/> 6 Contributor address; City; State; Zip Code Lufkin, TX 75901-7346 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 09/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Temple, Ellen <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75901-7346 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teter, Rick <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539-4406 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tipping, Carolyn <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-7527 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Tomas <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-6204 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 101/107 Rpt: 105/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Tomas <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77027-6204 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) |
| Date 09/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Tomas <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-6204 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Steve <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-1632 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) construction project mgr | | Employer (See Instructions) |
| Date 09/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) True-Courage, Zada Elizabeth <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232-3104 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 08/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veliz, MaryEllen <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216-7316 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Business development | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 102/107 Rpt: 106/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/08/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vestal, Betty <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78232-4884 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) RN | | 9 Employer (See Instructions) |
| Date 07/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Elizabeth <hr/> Contributor address; City; State; Zip Code Valdez, AK 99686-1503 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 08/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Elizabeth <hr/> Contributor address; City; State; Zip Code Valdez, AK 99686-1503 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 09/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Elizabeth <hr/> Contributor address; City; State; Zip Code Valdez, AK 99686-1503 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Richard <hr/> Contributor address; City; State; Zip Code Arlington, TX 76015-2812 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) SW Engineer | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 103/107 Rpt: 107/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/30/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Richard | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code Arlington, TX 76015-2812 | | |
| 8 Principal occupation / Job title (See Instructions) SW Engineer | | 9 Employer (See Instructions) |
| Date 07/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Doris | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76110-1741 | | |
| Principal occupation / Job title (See Instructions) Tarrant County Family Court Services | | Employer (See Instructions) |
| Date 08/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Doris | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76110-1741 | | |
| Principal occupation / Job title (See Instructions) Tarrant County Family Court Services | | Employer (See Instructions) |
| Date 09/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Doris | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76110-1741 | | |
| Principal occupation / Job title (See Instructions) Tarrant County Family Court Services | | Employer (See Instructions) |
| Date 07/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein, Hilary | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76107-2795 | | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 104/107 Rpt: 108/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein, Hilary <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-2795 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) |
| Date 08/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weitzner, Renee <hr/> Contributor address; City; State; Zip Code Washington, DC 20008-5608 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) |
| Date 08/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesner, Charles <hr/> Contributor address; City; State; Zip Code Norman, OK 73071-4635 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) |
| Date 07/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittemore, Alison F. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78215-1295 | Amount of Contribution (\$) \$103.45 |
| Principal occupation / Job title (See Instructions) professor | | Employer (See Instructions) |
| Date 07/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitten, Lynn <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-3101 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) systems analyst | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 105/107 Rpt: 109/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/30/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitten, Lynn <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704-3101 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) systems analyst | | 9 Employer (See Instructions) |
| Date 09/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Taylor <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110-1110 | Amount of Contribution (\$) \$21.00 |
| Principal occupation / Job title (See Instructions) Executive Director | | Employer (See Instructions) |
| Date 07/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Evelyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-5392 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |
| Date 07/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooten, Kennon <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2635 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |
| Date 08/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooten, Kennon <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2635 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 106/107 Rpt: 110/156 |
| 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Carlecia D. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77018-1415 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Director | | 9 Employer (See Instructions) |
| Date 08/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Carlecia D. <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-1415 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Director | | Employer (See Instructions) |
| Date 07/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeager, Bob <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380-3344 | Amount of Contribution (\$) \$10.53 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 08/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeager, Bob <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380-3344 | Amount of Contribution (\$) \$10.53 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 09/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeager, Bob <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380-3344 | Amount of Contribution (\$) \$10.53 |
| Principal occupation / Job title (See Instructions) Retired | | 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Youngblood, Judy A <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229-5248 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) Artist | | 9 Employer (See Instructions) |
| Date 07/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zapp, Joseph <hr/> Contributor address; City; State; Zip Code Covington, TX 76636-0249 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 2/18 Rpt: | 2 FILER NAME Annie's List | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/28/2024 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$166.86 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/04/2024 | Payee name ActBlue | |
| Amount (\$) \$56.85 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/11/2024 | Payee name ActBlue | |
| Amount (\$) \$47.64 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 3/18 Rpt: | 2 FILER NAME Annie's List | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/18/2024 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$25.45 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/25/2024 | Payee name ActBlue | |
| Amount (\$) \$115.58 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/01/2024 | Payee name ActBlue | |
| Amount (\$) \$90.66 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 4/18 Rpt: | 2 FILER NAME Annie's List | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/08/2024 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$160.52 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/15/2024 | Payee name ActBlue | |
| Amount (\$) \$38.84 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/22/2024 | Payee name ActBlue | |
| Amount (\$) \$239.05 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|-------------------------------------|--|
| 1 Total pages Schedule F1: Sch: 6/18 Rpt: | 2 FILER NAME Annie's List | 3 Filer ID (Ethics Commission Filers) 00053715 |
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|-----------------------------|---|
| 4 Date 09/12/2024 | 5 Payee name Blue Scout Digital |
|-----------------------------|---|

| | |
|---|---|
| 6 Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2505 Royal Birkdale Dr Plano, TX 75025-5067 |
|---|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting |
|---------------------------------|---|--|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|-----------------------------|
| Date 07/12/2024 | Payee name Bumper Active |
|--------------------|-----------------------------|

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| Amount (\$) \$365.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 5925 Burnet Rd Texas Austin, TX 78757-3224 |
|--|--|

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|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sales merchandise |
|-------------------------------|---|---|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|-----------------------------|
| Date 08/14/2024 | Payee name Bumper Active |
|--------------------|-----------------------------|

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|---|--|
| Amount (\$) \$41.57 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 5925 Burnet Rd Texas Austin, TX 78757-3224 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sales merchandise |
|-------------------------------|---|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 7/18 Rpt: | 2 FILER NAME Annie's List | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/14/2024 | 5 Payee name Bumper Active | |
| 6 Amount (\$) \$41.57 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 5925 Burnet Rd Texas Austin, TX 78757-3224 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sales merchandise |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/18/2024 | Payee name Bumper Active | |
| Amount (\$) \$66.11 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 5925 Burnet Rd Texas Austin, TX 78757-3224 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sales merchandise |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/26/2024 | Payee name Campanas De America | |
| Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 812 Lockhill Selma Rd San Antonio, TX 78213-2216 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense music for event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 8/18 Rpt: | 2 FILER NAME Annie's List | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/25/2024 | 5 Payee name Elizabeth for Texas | |
| 6 Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 4502 W Lovers Ln Dallas, TX 75209-3132 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/03/2024 | Payee name Gusto | |
| Amount (\$) \$149.24 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107-4345 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/05/2024 | Payee name Gusto | |
| Amount (\$) \$149.24 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107-4345 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|-------------------------------------|--|
| 1 Total pages Schedule F1: Sch: 9/18 Rpt: | 2 FILER NAME Annie's List | 3 Filer ID (Ethics Commission Filers) 00053715 |
|---|-------------------------------------|--|

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| 4 Date 09/04/2024 | 5 Payee name Gusto |
|-----------------------------|------------------------------|

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|---|--|
| 6 Amount (\$) \$149.24 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107-4345 |
|---|--|

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|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll fee |
|---------------------------------|---|---|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|--------------------------------|
| Date 09/20/2024 | Payee name Holland & Knight |
|--------------------|--------------------------------|

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| Amount (\$) \$3,912.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 936937 Atlanta, GA 31193-6937 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal compliance consulting |
|-------------------------------|---|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------|
| Date 07/03/2024 | Payee name Humana Inc. |
|--------------------|---------------------------|

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|--|--|
| Amount (\$) \$1,612.38 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 4612 Carol Stream, IL 60197-4612 |
|--|--|

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|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Health insurance |
|-------------------------------|---|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 10/18 Rpt: | 2 FILER NAME Annie's List | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 08/05/2024 | 5 Payee name Humana Inc. | |
| 6 Amount (\$) \$2,499.69 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 4612 Carol Stream, IL 60197-4612 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Health insurance |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/16/2024 | Payee name Humana Inc. | |
| Amount (\$) \$887.31 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 4612 Carol Stream, IL 60197-4612 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Health insurance |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/16/2024 | Payee name Humana Inc. | |
| Amount (\$) \$1,612.38 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 4612 Carol Stream, IL 60197-4612 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Health insurance |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|-------------------------------------|--|
| 1 Total pages Schedule F1: Sch: 11/18 Rpt: | 2 FILER NAME Annie's List | 3 Filer ID (Ethics Commission Filers) 00053715 |
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|-----------------------------|-------------------------------|
| 4 Date 07/29/2024 | 5 Payee name Intuit |
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| 6 Amount (\$) \$95.94 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043-1126 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting software |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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| Date 08/28/2024 | Payee name Intuit |
|--------------------|----------------------|

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| Amount (\$) \$105.53 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043-1126 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting software |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 09/18/2024 | Payee name Laurel Jordan Swift Campaign |
|--------------------|--|

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|---|---|
| Amount (\$) \$40,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 6866 San Antonio, TX 78209-0866 |
|---|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution |
|------------------------|--|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 12/18 Rpt: | 2 FILER NAME Annie's List | 3 Filer ID (Ethics Commission Filers) 00053715 |
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|-----------------------------|---|
| 4 Date 07/23/2024 | 5 Payee name Montemayor Britton Bender PC |
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|---|--|
| 6 Amount (\$) \$420.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2525 Wallingwood Dr Ste 200 Austin, TX 78746-6937 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting services |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 07/23/2024 | Payee name Montemayor Britton Bender PC |
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| Amount (\$) \$160.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2525 Wallingwood Dr Ste 200 Austin, TX 78746-6937 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting services |
|------------------------|--|--|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 08/14/2024 | Payee name Montemayor Britton Bender PC |
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| Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2525 Wallingwood Dr Ste 200 Austin, TX 78746-6937 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting services |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|-------------------------------------|--|
| 1 Total pages Schedule F1: Sch: 13/18 Rpt: | 2 FILER NAME Annie's List | 3 Filer ID (Ethics Commission Filers) 00053715 |
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| 4 Date 09/18/2024 | 5 Payee name Montemayor Britton Bender PC |
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| 6 Amount (\$) \$360.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2525 Wallingwood Dr Ste 200 Austin, TX 78746-6937 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting services |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 09/18/2024 | Payee name Montemayor Britton Bender PC |
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| Amount (\$) \$160.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2525 Wallingwood Dr Ste 200 Austin, TX 78746-6937 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting services |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 09/20/2024 | Payee name Montemayor Britton Bender PC |
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| Amount (\$) \$280.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2525 Wallingwood Dr Ste 200 Austin, TX 78746-6937 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting services |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 14/18 Rpt: | 2 FILER NAME Annie's List | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 07/03/2024 | 5 Payee name NGP VAN Inc. | |
| 6 Amount (\$) \$2,053.21 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/07/2024 | Payee name NGP VAN Inc. | |
| Amount (\$) \$2,053.21 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/03/2024 | Payee name NGP VAN Inc. | |
| Amount (\$) \$2,053.21 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 15/18 Rpt: | 2 FILER NAME Annie's List | 3 Filer ID (Ethics Commission Filers) 00053715 |
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| 4 Date 07/01/2024 | 5 Payee name Numero |
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| 6 Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising software for Laurel Jordan Swift Campaign |
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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 08/01/2024 | Payee name Numero |
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| Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising software for Laurel Jordan Swift Campaign |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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| Date 09/03/2024 | Payee name Numero |
|--------------------|----------------------|

| | |
|--|--|
| Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising software for Laurel Jordan Swift Campaign |
|------------------------|--|--|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 16/18 Rpt: | 2 FILER NAME Annie's List | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 Date 09/16/2024 | 5 Payee name Prosperity Bank | |
| 6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 660525 Dallas, TX 75266-0525 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/16/2024 | Payee name Reyes, Sophia | |
| Amount (\$) \$900.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code P.O. Box 303277 Austin, TX 78703 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/10/2024 | Payee name Steady Hand PR | |
| Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1205 Upland Dr Austin, TX 78741-1167 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|-------------------------------------|--|
| 1 Total pages Schedule F1: Sch: 17/18 Rpt: | 2 FILER NAME Annie's List | 3 Filer ID (Ethics Commission Filers) 00053715 |
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| 4 Date 07/10/2024 | 5 Payee name Susan Harry Consulting |
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|---|---|
| 6 Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703-0018 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance consulting |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------------|
| Date 07/10/2024 | Payee name Susan Harry Consulting |
|--------------------|--------------------------------------|

| | |
|--|--|
| Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703-0018 |
|--|--|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance consulting |
|------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------------|
| Date 08/15/2024 | Payee name Susan Harry Consulting |
|--------------------|--------------------------------------|

| | |
|--|--|
| Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703-0018 |
|--|--|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance consulting |
|------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|--|-------------|
| 1 Total pages Schedule F1: Sch: 18/18 Rpt: | 2 FILER NAME Annie's List | 3 Filer ID (Ethics Commission Filers) 00053715 | |
| 4 Date 08/13/2024 | 5 Payee name Texas HDCC | | |
| 6 Amount (\$) \$12,000.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 300095 Austin, TX 78703-0002 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|---|---|
| 1 Total pages Schedule F4: Sch: 1/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 00053715 |
| 4 CREDIT CARD ISSUER | Name of financial institution Prosperity Bank | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,097.61 |
| 6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$213.20 | (b) Date of Charge 07/06/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Intuit | (b) Payee address; City, State, Zip Code 2632 Marine Way Mountain View, CA 94043-1126 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Accounting software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$250.51 | (b) Date of Charge 08/06/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Intuit | (b) Payee address; City, State, Zip Code 2632 Marine Way Mountain View, CA 94043-1126 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Accounting software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$250.51 | (b) Date of Charge 09/06/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Intuit | (b) Payee address; City, State, Zip Code 2632 Marine Way Mountain View, CA 94043-1126 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Accounting software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|---|---|
| 1 Total pages Schedule F4: Sch: 2/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$738.96 | (b) Date of Charge 08/05/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Southwest Airlines | (b) Payee address; City, State, Zip Code PO Box 36647 Dallas, TX 75235-1647 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description Airfare |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$354.48 | (b) Date of Charge 08/06/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name United Airlines | (b) Payee address; City, State, Zip Code 233 S Wacker Dr Chicago, IL 60606-7147 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description Airfare |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$40.00 | (b) Date of Charge 08/09/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name United Airlines | (b) Payee address; City, State, Zip Code 233 S Wacker Dr Chicago, IL 60606-7147 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Airline fee |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|---|---|
| 1 Total pages Schedule F4: Sch: 3/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$140.00 | (b) Date of Charge 08/19/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Vonlane | (b) Payee address; City, State, Zip Code 6310 Lemmon Ave Ste 202 Dallas, TX 75209-5849 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description bus fare |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$140.00 | (b) Date of Charge 09/04/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Vonlane | (b) Payee address; City, State, Zip Code 6310 Lemmon Ave Ste 202 Dallas, TX 75209-5849 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description bus fare |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$135.00 | (b) Date of Charge 09/12/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Vonlane | (b) Payee address; City, State, Zip Code 6310 Lemmon Ave Ste 202 Dallas, TX 75209-5849 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description bus fare |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|---|---|
| 1 Total pages Schedule F4: Sch: 4/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$135.00 | (b) Date of Charge 09/16/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Vonlane | (b) Payee address; City, State, Zip Code 6310 Lemmon Ave Ste 202 Dallas, TX 75209-5849 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description bus fare |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$750.00 | (b) Date of Charge 09/20/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Susan Harry Consulting | (b) Payee address; City, State, Zip Code PO Box 301074 Austin, TX 78703-0018 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | | (b) Description Compliance consulting |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$2,500.00 | (b) Date of Charge 09/06/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Texas Democratic Party | (b) Payee address; City, State, Zip Code PO Box 15707 Austin, TX 78761-5707 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Contribution |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|--|---|
| 1 Total pages Schedule F4: Sch: 5/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$26.65 | (b) Date of Charge 07/01/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 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 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Database software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$26.65 | (b) Date of Charge 09/01/2024 | (c) Date(s) Credit Card Issuer Paid |
| 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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Database software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$106.60 | (b) Date of Charge 07/01/2024 | (c) Date(s) Credit Card Issuer Paid |
| 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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Database software for Laurel Jordan Swift Campaign |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 6/26 Rpt: | 2 FILER NAME Annie's List | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$373.10 | (b) Date of Charge 07/01/2024 |
| 7 PAYEE | (a) Payee name NGP VAN Inc. | (c) Date(s) Credit Card Issuer Paid |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description Database software for Laurel Jordan Swift Campaign |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| | Candidate/Officeholder name | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$373.10 | (b) Date of Charge 08/06/2024 |
| PAYEE | (a) Payee name NGP VAN Inc. | (c) Date(s) Credit Card Issuer Paid |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Payee address; City, State, Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| | Candidate/Officeholder name | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$26.65 | (b) Date of Charge 08/29/2024 |
| PAYEE | (a) Payee name NGP VAN Inc. | (c) Date(s) Credit Card Issuer Paid |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Payee address; City, State, Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| | Candidate/Officeholder name | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political 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 F4: Sch: 7/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$106.60 | (b) Date of Charge 08/29/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 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 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Database software for Laurel Jordan Swift Campaign |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$106.60 | (b) Date of Charge 09/01/2024 | (c) Date(s) Credit Card Issuer Paid |
| 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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Database software for Laurel Jordan Swift Campaign |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$373.10 | (b) Date of Charge 09/01/2024 | (c) Date(s) Credit Card Issuer Paid |
| 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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Database software for Laurel Jordan Swift Campaign |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 8/26 Rpt: | 2 FILER NAME Annie's List | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$28.94 | (b) Date of Charge 09/23/2024 |
| 7 PAYEE | (a) Payee name Door Dash | (c) Date(s) Credit Card Issuer Paid |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description food delivery |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$25.78 | (b) Date of Charge 09/22/2024 |
| PAYEE | (a) Payee name Door Dash | (c) Date(s) Credit Card Issuer Paid |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Payee address; City, State, Zip Code 8850 N Stemmons Fwy Dallas, TX 75247-3706 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$245.61 | (b) Date of Charge 07/01/2024 |
| PAYEE | (a) Payee name Google | (c) Date(s) Credit Card Issuer Paid |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 9/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$72.05 | (b) Date of Charge 07/01/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Google | (b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Email |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$245.61 | (b) Date of Charge 08/01/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Google | (b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Email |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$72.50 | (b) Date of Charge 08/01/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Google | (b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Email |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|--|---|
| 1 Total pages Schedule F4: Sch: 10/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$72.50 | (b) Date of Charge 09/01/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Google | (b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description Email | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$245.61 | (b) Date of Charge 09/01/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Google | (b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description Email | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$1,250.00 | (b) Date of Charge 08/02/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Brick Bar | (b) Payee address; City, State, Zip Code 108 Blue Star San Antonio, TX 78204-1773 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description event venue rental fee | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|----------|--|---|---|
| 1 | Total pages Schedule F4: Sch: 11/26 Rpt: | 2 FILER NAME Annie's List | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$365.44 | (b) Date of Charge 09/10/2024 |
| 7 | PAYEE | (a) Payee name Brick Bar | (c) Date(s) Credit Card Issuer Paid |
| 8 | PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description event venue rental fee |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| 6 | PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$2,267.38 | (b) Date of Charge 09/09/2024 |
| 7 | PAYEE | (a) Payee name Panchitos | (c) Date(s) Credit Card Issuer Paid |
| 8 | PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Payee address; City, State, Zip Code 4100 Mccullough Ave San Antonio, TX 78212-1902 |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| 6 | PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$720.00 | (b) Date of Charge 07/01/2024 |
| 7 | PAYEE | (a) Payee name Numero | (c) Date(s) Credit Card Issuer Paid |
| 8 | PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Payee address; City, State, Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004 |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|--|---|
| 1 Total pages Schedule F4: Sch: 12/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$720.00 | (b) Date of Charge 08/01/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Numero | (b) Payee address; City, State, Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Fundraising software for Kristian Carranza Campaign |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$720.00 | (b) Date of Charge 09/01/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Numero | (b) Payee address; City, State, Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Fundraising software for Kristian Carranza Campaign |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$48.00 | (b) Date of Charge 07/25/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Numero | (b) Payee address; City, State, Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Fundraising software for Laurel Jordan Swift Campaign |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|--|---|
| 1 Total pages Schedule F4: Sch: 13/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$150.00 | (b) Date of Charge 08/01/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Numero | (b) Payee address; City, State, Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Fundraising software for Laurel Jordan Swift Campaign |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$750.00 | (b) Date of Charge 08/12/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Numero | (b) Payee address; City, State, Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Fundraising software for Laurel Jordan Swift Campaign |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$150.00 | (b) Date of Charge 09/01/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Numero | (b) Payee address; City, State, Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Fundraising software for Laurel Jordan Swift Campaign |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|--|---|
| 1 Total pages Schedule F4: Sch: 14/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$750.00 | (b) Date of Charge 09/16/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Numero | (b) Payee address; City, State, Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Fundraising software for Laurel Jordan Swift Campaign |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$5,163.00 | (b) Date of Charge 07/11/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Marsh McLennan Agency | (b) Payee address; City, State, Zip Code PO Box 848315 Dallas, TX 75284-8315 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Insurance |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$180.71 | (b) Date of Charge 07/11/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Marsh McLennan Agency | (b) Payee address; City, State, Zip Code PO Box 848315 Dallas, TX 75284-8315 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Insurance |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|----------------------------------|--|--|
| 1 Total pages Schedule F4: Sch: 15/26 Rpt: | | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | | (a) Amount Charged \$150.00 | (b) Date of Charge 07/15/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 PAYEE | | (a) Payee name Door Dash | | (b) Payee address; City, State, Zip Code 8850 N Stemmons Fwy Dallas, TX 75247-3706 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | | (b) Description gift for staff | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | | (a) Amount Charged \$30.00 | (b) Date of Charge 07/15/2024 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | | (a) Payee name Door Dash | | (b) Payee address; City, State, Zip Code 8850 N Stemmons Fwy Dallas, TX 75247-3706 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | | (b) Description gift for staff | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | | (a) Amount Charged \$257.50 | (b) Date of Charge 09/16/2024 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | | (a) Payee name Flagship Campaigns | | (b) Payee address; City, State, Zip Code 7926 Broadway Apt 707 San Antonio, TX 78209-2613 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | | (b) Description political research | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|---|---|
| 1 Total pages Schedule F4: Sch: 16/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$208.97 | (b) Date of Charge 09/15/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name DocuSign | (b) Payee address; City, State, Zip Code 303 W 15th St Austin, TX 78701-1622 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description hotel |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$39.24 | (b) Date of Charge 08/09/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Lyft | (b) Payee address; City, State, Zip Code 548 Market St San Francisco, CA 94104-5401 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description ride share |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$33.06 | (b) Date of Charge 08/09/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Lyft | (b) Payee address; City, State, Zip Code 548 Market St San Francisco, CA 94104-5401 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description ride share |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|---|---|
| 1 Total pages Schedule F4: Sch: 17/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$102.27 | (b) Date of Charge 08/10/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Lyft | (b) Payee address; City, State, Zip Code 548 Market St San Francisco, CA 94104-5401 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description ride share |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$15.61 | (b) Date of Charge 09/06/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Lyft | (b) Payee address; City, State, Zip Code 548 Market St San Francisco, CA 94104-5401 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description ride share |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$16.95 | (b) Date of Charge 09/06/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Lyft | (b) Payee address; City, State, Zip Code 548 Market St San Francisco, CA 94104-5401 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description ride share |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|---|---|
| 1 Total pages Schedule F4: Sch: 18/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$30.16 | (b) Date of Charge 09/07/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Lyft | (b) Payee address; City, State, Zip Code 548 Market St San Francisco, CA 94104-5401 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description ride share |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$26.86 | (b) Date of Charge 09/09/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Lyft | (b) Payee address; City, State, Zip Code 548 Market St San Francisco, CA 94104-5401 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description ride share |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$20.92 | (b) Date of Charge 09/16/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Lyft | (b) Payee address; City, State, Zip Code 548 Market St San Francisco, CA 94104-5401 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description ride share |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|---|---|
| 1 Total pages Schedule F4: Sch: 19/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$16.04 | (b) Date of Charge 09/18/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Lyft | (b) Payee address; City, State, Zip Code 548 Market St San Francisco, CA 94104-5401 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description ride share |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$33.23 | (b) Date of Charge 09/18/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Lyft | (b) Payee address; City, State, Zip Code 548 Market St San Francisco, CA 94104-5401 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description ride share |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$18.09 | (b) Date of Charge 09/19/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Lyft | (b) Payee address; City, State, Zip Code 548 Market St San Francisco, CA 94104-5401 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description ride share |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|---|---|
| 1 Total pages Schedule F4: Sch: 20/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$143.80 | (b) Date of Charge 07/29/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Asana | (b) Payee address; City, State, Zip Code 1550 Bryant St Ste 200 San Francisco, CA 94103-4853 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description software | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$143.80 | (b) Date of Charge 08/29/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Asana | (b) Payee address; City, State, Zip Code 1550 Bryant St Ste 200 San Francisco, CA 94103-4853 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description software | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$149.25 | (b) Date of Charge 07/26/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Boardable | (b) Payee address; City, State, Zip Code 6219 Guilford Ave Indianapolis, IN 46220-3090 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description software | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|--|---|
| 1 Total pages Schedule F4: Sch: 21/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$171.64 | (b) Date of Charge 09/24/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Boardable | (b) Payee address; City, State, Zip Code 6219 Guilford Ave Indianapolis, IN 46220-3090 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$171.64 | (b) Date of Charge 09/24/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Boardable | (b) Payee address; City, State, Zip Code 6219 Guilford Ave Indianapolis, IN 46220-3090 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$69.29 | (b) Date of Charge 07/07/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name DocuSign | (b) Payee address; City, State, Zip Code 303 W 15th St Austin, TX 78701-1622 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|--|---|
| 1 Total pages Schedule F4: Sch: 22/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$69.29 | (b) Date of Charge 08/07/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name DocuSign | (b) Payee address; City, State, Zip Code 303 W 15th St Austin, TX 78701-1622 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$69.29 | (b) Date of Charge 09/07/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name DocuSign | (b) Payee address; City, State, Zip Code 303 W 15th St Austin, TX 78701-1622 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$711.57 | (b) Date of Charge 09/08/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Element | (b) Payee address; City, State, Zip Code 109 E 7th St Austin, TX 78701-3208 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description staff lodging |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|--|---|
| 1 Total pages Schedule F4: Sch: 23/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$249.71 | (b) Date of Charge 09/08/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Element | (b) Payee address; City, State, Zip Code 109 E 7th St Austin, TX 78701-3208 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description staff lodging |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$163.80 | (b) Date of Charge 07/12/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name CubeSmart | (b) Payee address; City, State, Zip Code 1411 W 5th St Austin, TX 78703-5103 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description storage |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$163.80 | (b) Date of Charge 08/12/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name CubeSmart | (b) Payee address; City, State, Zip Code 1411 W 5th St Austin, TX 78703-5103 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description storage |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|---|---|
| 1 Total pages Schedule F4: Sch: 24/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$167.08 | (b) Date of Charge 09/16/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name CubeSmart | (b) Payee address; City, State, Zip Code 1411 W 5th St Austin, TX 78703-5103 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description storage |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$350.00 | (b) Date of Charge 09/03/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Texas Tribune Festival | (b) Payee address; City, State, Zip Code 919 Congress Ave Fl 6 Austin, TX 78701-2102 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description tickets to festival |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$269.19 | (b) Date of Charge 07/13/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Zoom Video Communications | (b) Payee address; City, State, Zip Code 2400 Allen St Dallas, TX 75204-2502 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Virtual meeting software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|---|---|----------------------------------|--|--|
| 1 | Total pages Schedule F4: Sch: 25/26 Rpt: | 2 | FILER NAME Annie's List | 3 | Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$270.78 | (b) Date of Charge 08/13/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 | PAYEE | (a) Payee name Zoom Video Communications | | (b) Payee address; City, State, Zip Code 2400 Allen St Dallas, TX 75204-2502 | |
| 8 | PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Virtual meeting software | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |
| 6 | PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$270.78 | (b) Date of Charge 09/21/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 | PAYEE | (a) Payee name Zoom Video Communications | | (b) Payee address; City, State, Zip Code 2400 Allen St Dallas, TX 75204-2502 | |
| 8 | PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Virtual meeting software | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| | | Candidate/Officeholder name | | Office sought | Office held |
| 6 | PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$319.80 | (b) Date of Charge 07/30/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 | PAYEE | (a) Payee name WP Engine | | (b) Payee address; City, State, Zip Code 504 Lavaca St Ste 1000 Austin, TX 78701-2857 | |
| 8 | PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Website hosting | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| | | Candidate/Officeholder name | | Office sought | Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 26/26 Rpt: | 2 FILER NAME Annie's List | | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$500.00 | (b) Date of Charge 07/29/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Vision Change Win | (b) Payee address; City, State, Zip Code 228 Park Ave S PMB 68676 New York, NY 10003 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | | (b) Description staff training and development |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

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 to the card, creating credits.

The credit card charges on this report will be paid by those existing credits. However, the filing software does not allow entering a date in the "Date(s) Credit Card Issuer Paid" field if it falls outside of this reporting period.