

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) 00082985	2 Total pages filed: 171	
3 COMMITTEE NAME Cambio Texas PAC			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 135 Paseo Del Prado, STE 62 Edinburg, TX 78539			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Parthkumar NICKNAME LAST SUFFIX Naik			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 135 Paseo Del Prado, STE 62 Edinburg, TX 78539			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4108 Nightshade Ave. McAllen, TX 78504			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 330-7552			
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 Month Day Year 07/01/2024 THROUGH 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	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Cambio Texas PAC		13 Filer ID (Ethics Commission Filers) 00082985
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 Jonathan Gracia 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
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 37,551.96
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$ 30,132.20
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 22,802.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT <p>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.</p> <p style="text-align: right;">Mr. Parthkumar Naik _____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>		

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Cambio Texas PAC		18 Filer ID (Ethics Commission Filers) 00082985
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 37,551.96
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	\$ 30,132.20
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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: 1/117 Rpt: 4/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A Bernal, Joseph <hr/> 6 Contributor address; City; State; Zip Code Miami, FL 33172	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Cybersecurity Analyst		9 Employer (See Instructions) JP Morgan Chase
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A Bernal, Joseph <hr/> Contributor address; City; State; Zip Code Miami, FL 33172	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A Bernal, Joseph <hr/> Contributor address; City; State; Zip Code Miami, FL 33172	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Minnesota
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abarca, Onofre Antonio <hr/> Contributor address; City; State; Zip Code Oakland, CA 94601	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Foresight Sports
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Stacy <hr/> Contributor address; City; State; Zip Code Allen, TX 75002	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) civil service		Employer (See Instructions) Internal Revenue Service

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/117 Rpt: 5/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adobe <hr/> 6 Contributor address; City; State; Zip Code TX	7 Amount of Contribution (\$) \$24.89
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Kara <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Kara <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Horse Trainer		Employer (See Instructions) self employed
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Kara <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) George Mason University
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allegoren, David <hr/> Contributor address; City; State; Zip Code Davis, CA 95618	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Plum Creek Records & Tapes

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/117 Rpt: 6/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allegoren, David <hr/> 6 Contributor address; City; State; Zip Code Davis, CA 95618	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allegoren, David <hr/> Contributor address; City; State; Zip Code Davis, CA 95618	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ananson, Stasia <hr/> Contributor address; City; State; Zip Code Bridgewater, NJ 08807	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Proposal Manager		Employer (See Instructions) Cigna
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ananson, Stasia <hr/> Contributor address; City; State; Zip Code Bridgewater, NJ 08807	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Proposal Manager		Employer (See Instructions) Cigna
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ananson, Stasia <hr/> Contributor address; City; State; Zip Code Bridgewater, NJ 08807	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Proposal Manager		Employer (See Instructions) Cigna

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/117 Rpt: 7/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98103	7 Amount of Contribution (\$) \$2.78
8 Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions) Kronos Bio
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Client Services Specialist		Employer (See Instructions) SeatGeek
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Kronos Bio
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Senior Management Analyst		Employer (See Instructions) SSA
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) Texas Tech University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/117 Rpt: 8/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98103	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armijos, Bettye <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnzen, Mauna <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94104	Amount of Contribution (\$) \$3.88
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Honeywell
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnzen, Mauna <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94104	Amount of Contribution (\$) \$3.88
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Honeywell
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnzen, Mauna <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94104	Amount of Contribution (\$) \$3.88
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Your Part-Time Controller

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/117 Rpt: 9/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Teresa <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745-6833	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Data analyst		9 Employer (See Instructions) GenPrex
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballantine, Alistair <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballantine, Alistair <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Cybersecurity Analyst		Employer (See Instructions) JP Morgan Chase
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballantine, Alistair <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, Hannah <hr/> Contributor address; City; State; Zip Code Newton, MA 02459	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/117 Rpt: 10/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbour, Edward <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Chris <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$5.04
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Reingold
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Chris <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$5.04
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Spotify
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Chris <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$5.04
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baugus, Justin <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85037	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/117 Rpt: 11/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baugus, Justin <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85037	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baugus, Justin <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85037	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Kathryn <hr/> Contributor address; City; State; Zip Code Chicago, IL 60610	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Kathryn <hr/> Contributor address; City; State; Zip Code Chicago, IL 60610	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanchard, Heather <hr/> Contributor address; City; State; Zip Code Abington, MA 02351	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Your Part-Time Controller

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/117 Rpt: 12/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanchard, Heather <hr/> 6 Contributor address; City; State; Zip Code Abington, MA 02351	7 Amount of Contribution (\$) \$2.78
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Your Part-Time Controller
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanchard, Heather <hr/> Contributor address; City; State; Zip Code Abington, MA 02351	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Your Part-Time Controller
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitenbuecher, David <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Non Profit		Employer (See Instructions) JCFS
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitenbuecher, David <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitenbuecher, David <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) tech writer		Employer (See Instructions) Apple Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/117 Rpt: 13/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, Russell <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78750	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/24/2024	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	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2024	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	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) conformis
Date 08/11/2024	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	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) pilot		Employer (See Instructions) us navy
Date 08/27/2024	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	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) George Washington University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/117 Rpt: 14/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/15/2024	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	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Suzanna <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Community Worker		Employer (See Instructions) Santa Clara County
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Suzanna <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brubaker, Kenneth <hr/> Contributor address; City; State; Zip Code White Settlement, TX 76108	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) JHU APL
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brubaker, Kenneth <hr/> Contributor address; City; State; Zip Code White Settlement, TX 76108	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Los Angeles County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/117 Rpt: 15/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brubaker, Kenneth <hr/> 6 Contributor address; City; State; Zip Code White Settlement, TX 76108	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Mechanical Engineer		9 Employer (See Instructions) General Atomics
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Frances <hr/> Contributor address; City; State; Zip Code berkeley, CA 94707	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Frances <hr/> Contributor address; City; State; Zip Code berkeley, CA 94707	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) computer consultant		Employer (See Instructions) Prosum Inc.
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Frances <hr/> Contributor address; City; State; Zip Code berkeley, CA 94707	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) computer consultant		Employer (See Instructions) Prosum Inc.
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily <hr/> Contributor address; City; State; Zip Code Nashville, TN 37206	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Zynga Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/117 Rpt: 16/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily <hr/> 6 Contributor address; City; State; Zip Code Nashville, TN 37206	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily <hr/> Contributor address; City; State; Zip Code Nashville, TN 37206	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bass Berry & Sims
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burton, Matthew <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Volunteer Director		Employer (See Instructions) Capital City Village
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butlin, Augusta <hr/> Contributor address; City; State; Zip Code Seattle, WA 98105	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Attorney/Mediator		Employer (See Instructions) L/O Robert L. Friedenberg
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butlin, Augusta <hr/> Contributor address; City; State; Zip Code Seattle, WA 98105	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/117 Rpt: 17/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butlin, Augusta <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98105	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Sales Management		9 Employer (See Instructions) BD
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byers, Connor <hr/> Contributor address; City; State; Zip Code Woodinville, WA 98072	Amount of Contribution (\$) \$2.22
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byers, Connor <hr/> Contributor address; City; State; Zip Code Woodinville, WA 98072	Amount of Contribution (\$) \$2.22
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Texas Childrens Hospital
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byers, Connor <hr/> Contributor address; City; State; Zip Code Woodinville, WA 98072	Amount of Contribution (\$) \$2.22
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Texas Childrens Hospital
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C Burns, Delia <hr/> Contributor address; City; State; Zip Code Pleasanton, CA 94566	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) RK&K

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/117 Rpt: 18/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C Burns, Delia <hr/> 6 Contributor address; City; State; Zip Code Pleasanton, CA 94566	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Planner		9 Employer (See Instructions) RK&K
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C Burns, Delia <hr/> Contributor address; City; State; Zip Code Pleasanton, CA 94566	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) RK&K
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHILDRESS, CHARLES <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78723	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHILDRESS, CHARLES <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78723	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) United Nations
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHILDRESS, CHARLES <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78723	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Akamai Technologies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/117 Rpt: 19/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carbonneau, Laura <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78751	7 Amount of Contribution (\$) \$37.00
8 Principal occupation / Job title (See Instructions) Author		9 Employer (See Instructions) Self
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cederblom, Adam <hr/> Contributor address; City; State; Zip Code Fair Oaks, CA 95628	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Material Handler		Employer (See Instructions) Ryder
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cederblom, Adam <hr/> Contributor address; City; State; Zip Code Fair Oaks, CA 95628	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Marriott
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cederblom, Adam <hr/> Contributor address; City; State; Zip Code Fair Oaks, CA 95628	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Non Profit		Employer (See Instructions) JCFS
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Barbara <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/117 Rpt: 20/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Barbara <hr/> 6 Contributor address; City; State; Zip Code Deerfield, IL 60015	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Software developer		9 Employer (See Instructions) Farmers Business Network
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Barbara <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chappell, Kevin <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase Jr, Theodore <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase Jr, Theodore <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540	Amount of Contribution (\$) \$41.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/117 Rpt: 21/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase Jr, Theodore <hr/> 6 Contributor address; City; State; Zip Code Princeton, NJ 08540	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cintron, Nitza <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cintron, Nitza <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clive, Rebecca <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Expert Consultant		Employer (See Instructions) self
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clive, Rebecca <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Wine Merchant		Employer (See Instructions) Mr.

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/117 Rpt: 22/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofrin, David <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30306	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) PCSB
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofrin, David <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30306	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofrin, David <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30306	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofrin, David <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30306	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofrin, David <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30306	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/117 Rpt: 23/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofrin, David <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30306	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Integrus Medical Group
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofrin, David <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30306	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofrin, David <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30306	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) University of Texas at Austin
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Tyler <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Teachef		Employer (See Instructions) AISD
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Tyler <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) Department of Veterans Affairs

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/117 Rpt: 24/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code Austin TX, TX 78746-4115	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Biz+dev		Employer (See Instructions) Valve
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code Austin TX, TX 78746-4115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) researcher		Employer (See Instructions) Self
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code Austin TX, TX 78746-4115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code Austin TX, TX 78746-4115	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/117 Rpt: 25/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotner, Adam <hr/> 6 Contributor address; City; State; Zip Code Columbus, OH 43215	7 Amount of Contribution (\$) \$3.13
8 Principal occupation / Job title (See Instructions) general manager		9 Employer (See Instructions) Hadron Industries Inc.
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotner, Adam <hr/> Contributor address; City; State; Zip Code Columbus, OH 43215	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Volunteer Director		Employer (See Instructions) Capital City Village
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Carole <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Carole <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Casey Family Programs
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Carole <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Zynga Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/117 Rpt: 26/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Greg <hr/> 6 Contributor address; City; State; Zip Code Redondo Beach, CA 90278	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Operational Strategy		9 Employer (See Instructions) Self
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Greg <hr/> Contributor address; City; State; Zip Code Redondo Beach, CA 90278	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Keurig Dr Pepper
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Greg <hr/> Contributor address; City; State; Zip Code Redondo Beach, CA 90278	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Keurig Dr Pepper
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLancey, Andrew <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) BI Developer		Employer (See Instructions) WPI
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Caroline <hr/> Contributor address; City; State; Zip Code Dayville, CT 06241	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/117 Rpt: 27/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Caroline <hr/> 6 Contributor address; City; State; Zip Code Dayville, CT 06241	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Caroline <hr/> Contributor address; City; State; Zip Code Dayville, CT 06241	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donath, Jeff <hr/> Contributor address; City; State; Zip Code Walnut, CA 91789	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) Prologis
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donath, Jeff <hr/> Contributor address; City; State; Zip Code Walnut, CA 91789	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) Ada County Highway District
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donath, Jeff <hr/> Contributor address; City; State; Zip Code Walnut, CA 91789	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Ford Motor Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/117 Rpt: 28/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dooley, Winifred <hr/> 6 Contributor address; City; State; Zip Code Burbank, CA 91505	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) researcher		9 Employer (See Instructions) Self
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorsett, Rollie <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Zachary <hr/> Contributor address; City; State; Zip Code San Jose, CA 95129	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Newmark
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Zachary <hr/> Contributor address; City; State; Zip Code San Jose, CA 95129	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Newmark
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Zachary <hr/> Contributor address; City; State; Zip Code San Jose, CA 95129	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Community Worker		Employer (See Instructions) Santa Clara County

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/117 Rpt: 29/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dufour, Timothy <hr/> 6 Contributor address; City; State; Zip Code Billerica, MA 01821	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Programmer		9 Employer (See Instructions) Genuine Interactive
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dufour, Timothy <hr/> Contributor address; City; State; Zip Code Billerica, MA 01821	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Genuine Interactive
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dufour, Timothy <hr/> Contributor address; City; State; Zip Code Billerica, MA 01821	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Genuine Interactive
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duprey, Tom <hr/> Contributor address; City; State; Zip Code Hollywood, FL 33019	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duprey, Tom <hr/> Contributor address; City; State; Zip Code Hollywood, FL 33019	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Mkt Rep		Employer (See Instructions) Mercury Ins

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/117 Rpt: 30/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duprey, Tom 6 Contributor address; City; State; Zip Code Hollywood, FL 33019	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Mkt Rep		9 Employer (See Instructions) Mercury Ins
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmond, Matthew Contributor address; City; State; Zip Code Boise, ID 83702	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmond, Matthew Contributor address; City; State; Zip Code Boise, ID 83702	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) Prologis
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmond, Matthew Contributor address; City; State; Zip Code Boise, ID 83702	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) Digitas
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Jon Contributor address; City; State; Zip Code South Freeport, ME 04078	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/117 Rpt: 31/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Jon 6 Contributor address; City; State; Zip Code South Freeport, ME 04078	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Jon Contributor address; City; State; Zip Code South Freeport, ME 04078	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Endo, Katy Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Aerospace manager		Employer (See Instructions) Northrop Grumman
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Endo, Katy Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Aerospace manager		Employer (See Instructions) Northrop Grumman
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Endo, Katy Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Aerospace manager		Employer (See Instructions) Northrop Grumman

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/117 Rpt: 32/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English, MaryBeth <hr/> 6 Contributor address; City; State; Zip Code Haines City, FL 33844	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Gibson Dunn & Crutcher LLP
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English, MaryBeth <hr/> Contributor address; City; State; Zip Code Haines City, FL 33844	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Brewery Sales Representative		Employer (See Instructions) Wallenpaupack Brewing Co
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English, MaryBeth <hr/> Contributor address; City; State; Zip Code Haines City, FL 33844	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Rn		Employer (See Instructions) Self
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest, Rose Marie <hr/> Contributor address; City; State; Zip Code Indialantic, FL 32903	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest, Rose Marie <hr/> Contributor address; City; State; Zip Code Indialantic, FL 32903	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/117 Rpt: 33/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine, Laura <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90034	7 Amount of Contribution (\$) \$2.78
8 Principal occupation / Job title (See Instructions) Brewery Sales Representative		9 Employer (See Instructions) Wallenpaupack Brewing Co
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine, Laura <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90034	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Wine Merchant		Employer (See Instructions) Mr.
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine, Laura <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90034	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UCLA
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escamilla, Juanita <hr/> Contributor address; City; State; Zip Code San Juan, TX 78589	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farwell, Joanna <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Urban Machine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/117 Rpt: 34/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faschingbauer, Tom <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Travis <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02481	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) UMass Chan Medical School
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Travis <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02481	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) UMass Chan Medical School
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Travis <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02481	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) UMass Chan Medical School
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Neal <hr/> Contributor address; City; State; Zip Code North Kingstown, RI 02852	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Lead Scientist		Employer (See Instructions) Navatek Ltd

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/117 Rpt: 35/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Neal <hr/> 6 Contributor address; City; State; Zip Code North Kingstown, RI 02852	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Lead Scientist		9 Employer (See Instructions) Navatek Ltd
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Neal <hr/> Contributor address; City; State; Zip Code North Kingstown, RI 02852	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Lead Scientist		Employer (See Instructions) Navatek Ltd
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Tracey <hr/> Contributor address; City; State; Zip Code Los Gatos, CA 95032	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Tracey <hr/> Contributor address; City; State; Zip Code Los Gatos, CA 95032	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Proposal Manager		Employer (See Instructions) Cigna
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Tracey <hr/> Contributor address; City; State; Zip Code Los Gatos, CA 95032	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Honeywell

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/117 Rpt: 36/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleming, Ryan <hr/> 6 Contributor address; City; State; Zip Code Penn Valley, PA 19072	7 Amount of Contribution (\$) \$3.13
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleming, Ryan <hr/> Contributor address; City; State; Zip Code Penn Valley, PA 19072	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Genuine Interactive
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleming, Ryan <hr/> Contributor address; City; State; Zip Code Penn Valley, PA 19072	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Financial advisor		Employer (See Instructions) DB&T
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Jim <hr/> Contributor address; City; State; Zip Code Seattle, WA 98115	Amount of Contribution (\$) \$8.34
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Jim <hr/> Contributor address; City; State; Zip Code Seattle, WA 98115	Amount of Contribution (\$) \$8.34
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/117 Rpt: 37/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fortin, Renee' <hr/> 6 Contributor address; City; State; Zip Code riverside, CA 92506-2373	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Associate Government Program Analyst		9 Employer (See Instructions) State of California
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franck, Hugh <hr/> Contributor address; City; State; Zip Code Gainesville, FL 32608	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Assistant Editor		Employer (See Instructions) Bedford/St. Martin's
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franck, Hugh <hr/> Contributor address; City; State; Zip Code Gainesville, FL 32608	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Department of Veterans Affairs
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franck, Hugh <hr/> Contributor address; City; State; Zip Code Gainesville, FL 32608	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Assistant Editor		Employer (See Instructions) Bedford/St. Martin's
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Laura <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Biz+dev		Employer (See Instructions) Valve

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/117 Rpt: 38/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Laura <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78702	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedenberg, Robert <hr/> Contributor address; City; State; Zip Code San Diego, CA 92130	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedenberg, Robert <hr/> Contributor address; City; State; Zip Code San Diego, CA 92130	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Administrative Asst.		Employer (See Instructions) Winthrop & Weinstine
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedenberg, Robert <hr/> Contributor address; City; State; Zip Code San Diego, CA 92130	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Karen <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/117 Rpt: 39/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garton, Theresa <hr/> 6 Contributor address; City; State; Zip Code Oklahoma City, OK 73131	7 Amount of Contribution (\$) \$14.29
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Integrus Medical Group
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garton, Theresa <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73131	Amount of Contribution (\$) \$14.29
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Integrus Medical Group
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garton, Theresa <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73131	Amount of Contribution (\$) \$14.29
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerhard, Craig <hr/> Contributor address; City; State; Zip Code Houston, TX 77092	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Houston ISD
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerhard, Craig <hr/> Contributor address; City; State; Zip Code Houston, TX 77092	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Health and Human Svcs Dept

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/117 Rpt: 40/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilg, Lawrence <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78751	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) writer		9 Employer (See Instructions) self
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilg, Lawrence <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Ad tech		Employer (See Instructions) ISpot.tv
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilg, Lawrence <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilman, Jane C <hr/> Contributor address; City; State; Zip Code Brookline, MA 02446	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilson, Bonnie <hr/> Contributor address; City; State; Zip Code Rockport, TX 78382	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/117 Rpt: 41/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilson, Bonnie <hr/> 6 Contributor address; City; State; Zip Code Rockport, TX 78382	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giusti, Sara <hr/> Contributor address; City; State; Zip Code Vashon, WA 98070	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Bristol Myers Squibb
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giusti, Sara <hr/> Contributor address; City; State; Zip Code Vashon, WA 98070	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Bristol Myers Squibb
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glassman, Susan <hr/> Contributor address; City; State; Zip Code CHESTNUT RIDGE, NY 10977-6307	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Medical Social Worker		Employer (See Instructions) Mission Hospice
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glassman, Susan <hr/> Contributor address; City; State; Zip Code CHESTNUT RIDGE, NY 10977-6307	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/117 Rpt: 42/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glassman, Susan <hr/> 6 Contributor address; City; State; Zip Code CHESTNUT RIDGE, NY 10977-6307	7 Amount of Contribution (\$) \$3.13
8 Principal occupation / Job title (See Instructions) ARNP		9 Employer (See Instructions) UF
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Margaret J. <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Zach <hr/> Contributor address; City; State; Zip Code Elk Grove, CA 95624	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Horse Trainer		Employer (See Instructions) self employed
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Zach <hr/> Contributor address; City; State; Zip Code Elk Grove, CA 95624	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) George Mason University
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Ellie <hr/> Contributor address; City; State; Zip Code Allston, MA 02134	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Recruitment Manager		Employer (See Instructions) ActBlue

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/117 Rpt: 43/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff, Philip <hr/> 6 Contributor address; City; State; Zip Code Fulton, MD 20759	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) tech writer		9 Employer (See Instructions) Apple Inc
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff, Philip <hr/> Contributor address; City; State; Zip Code Fulton, MD 20759	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff, Philip <hr/> Contributor address; City; State; Zip Code Fulton, MD 20759	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gratter, Anthony <hr/> Contributor address; City; State; Zip Code Wilkes-Barre, PA 18705	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UCLA
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gratter, Anthony <hr/> Contributor address; City; State; Zip Code Wilkes-Barre, PA 18705	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UCLA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/117 Rpt: 44/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gratter, Anthony <hr/> 6 Contributor address; City; State; Zip Code Wilkes-Barre, PA 18705	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Leonard <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Bertha <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Bertha <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurwell, Katherine <hr/> Contributor address; City; State; Zip Code Seattle, WA 98102	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) EGUSD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/117 Rpt: 45/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haisfield, Misty <hr/> 6 Contributor address; City; State; Zip Code Thornton, CO 80241	7 Amount of Contribution (\$) \$3.57
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) CSU
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haisfield, Misty <hr/> Contributor address; City; State; Zip Code Thornton, CO 80241	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Varian Medical Systems
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haisfield, Misty <hr/> Contributor address; City; State; Zip Code Thornton, CO 80241	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Deloitte
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, George <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Sales Management		Employer (See Instructions) BD
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, George <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/117 Rpt: 46/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, George <hr/> 6 Contributor address; City; State; Zip Code Issaquah, WA 98029	7 Amount of Contribution (\$) \$3.13
8 Principal occupation / Job title (See Instructions) Software QA Manager		9 Employer (See Instructions) Scoir Inc
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Judy <hr/> Contributor address; City; State; Zip Code Chico, CA 95926	Amount of Contribution (\$) \$7.14
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emory
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Joseph <hr/> Contributor address; City; State; Zip Code San Diego, CA 92102	Amount of Contribution (\$) \$4.55
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Foresight Sports
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Joseph <hr/> Contributor address; City; State; Zip Code San Diego, CA 92102	Amount of Contribution (\$) \$4.55
Principal occupation / Job title (See Instructions) marketing consultant		Employer (See Instructions) Dell Technologies
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Joseph <hr/> Contributor address; City; State; Zip Code San Diego, CA 92102	Amount of Contribution (\$) \$4.55
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/117 Rpt: 47/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Nan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Office Administrator		9 Employer (See Instructions) Four Square Design Studio LLC
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Polly <hr/> Contributor address; City; State; Zip Code Dubuque, IA 52001	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Polly <hr/> Contributor address; City; State; Zip Code Dubuque, IA 52001	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) ramapo college
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Polly <hr/> Contributor address; City; State; Zip Code Dubuque, IA 52001	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haverkamp, Rita M <hr/> Contributor address; City; State; Zip Code El Cajon, CA 92020	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions) MLB Network

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/117 Rpt: 48/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haverkamp, Rita M <hr/> 6 Contributor address; City; State; Zip Code El Cajon, CA 92020	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haverkamp, Rita M <hr/> Contributor address; City; State; Zip Code El Cajon, CA 92020	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Cvent
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrick, Steve <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$5.72
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrick, Steve <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$5.72
Principal occupation / Job title (See Instructions) Drug Safety Manger		Employer (See Instructions) Ultragenyx
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrick, Steve <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$5.72
Principal occupation / Job title (See Instructions) Clinical Psychologist		Employer (See Instructions) Dept of Veterans Affairs

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/117 Rpt: 49/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hester, Randy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78751	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hester, Randy <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hester, Randy <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Winemaker		Employer (See Instructions) C.L. Butaud Wines
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, James <hr/> Contributor address; City; State; Zip Code Belmont, 02280	Amount of Contribution (\$) \$1.87
Principal occupation / Job title (See Instructions) Sales Management		Employer (See Instructions) BD
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, James <hr/> Contributor address; City; State; Zip Code Belmont, 02280	Amount of Contribution (\$) \$1.87
Principal occupation / Job title (See Instructions) Sales Management		Employer (See Instructions) BD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/117 Rpt: 50/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, James <hr/> 6 Contributor address; City; State; Zip Code Belmont, 02280	7 Amount of Contribution (\$) \$1.87
8 Principal occupation / Job title (See Instructions) Sales Management		9 Employer (See Instructions) BD
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holstein, Susan <hr/> Contributor address; City; State; Zip Code Everett, WA 98208	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) Ada County Highway District
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holstein, Susan <hr/> Contributor address; City; State; Zip Code Everett, WA 98208	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Client Services Specialist		Employer (See Instructions) SeatGeek
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holstein, Susan <hr/> Contributor address; City; State; Zip Code Everett, WA 98208	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Facebook
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, Sue <hr/> Contributor address; City; State; Zip Code Robbinsville, NJ 08690	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Director PV Systems		Employer (See Instructions) Acadia Pharmaceutical

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/117 Rpt: 51/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, Sue <hr/> 6 Contributor address; City; State; Zip Code Robbinsville, NJ 08690	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Director PV Systems		9 Employer (See Instructions) Acadia Pharmaceutical
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, Sue <hr/> Contributor address; City; State; Zip Code Robbinsville, NJ 08690	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Director PV Systems		Employer (See Instructions) Acadia Pharmaceutical
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston In Action <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$20,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubmer, Thomas <hr/> Contributor address; City; State; Zip Code Fort worth, TX 76109	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Winemaker		Employer (See Instructions) C.L. Butaud Wines
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubmer, Thomas <hr/> Contributor address; City; State; Zip Code Fort worth, TX 76109	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Independent contractor

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/117 Rpt: 52/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubmer, Thomas <hr/> 6 Contributor address; City; State; Zip Code Fort worth, TX 76109	7 Amount of Contribution (\$) \$3.13
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hwang, William <hr/> Contributor address; City; State; Zip Code Brookline, MA 02446	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Assistant Editor		Employer (See Instructions) Bedford/St. Martin's
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hwang, William <hr/> Contributor address; City; State; Zip Code Brookline, MA 02446	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Assistant Editor		Employer (See Instructions) Bedford/St. Martin's
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hwang, William <hr/> Contributor address; City; State; Zip Code Brookline, MA 02446	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Assistant Editor		Employer (See Instructions) Bedford/St. Martin's
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Kathy <hr/> Contributor address; City; State; Zip Code Littleton, CO 80125	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Puppeteer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/117 Rpt: 53/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Kathy <hr/> 6 Contributor address; City; State; Zip Code Littleton, CO 80125	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Material Handler		9 Employer (See Instructions) Ryder
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Kathy <hr/> Contributor address; City; State; Zip Code Littleton, CO 80125	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Puppeteer		Employer (See Instructions) Self
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Susan <hr/> Contributor address; City; State; Zip Code Montclair, NJ 07043	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Susan <hr/> Contributor address; City; State; Zip Code Montclair, NJ 07043	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Greg <hr/> Contributor address; City; State; Zip Code South Boston, MA 02127	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Akamai Technologies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/117 Rpt: 54/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Greg <hr/> 6 Contributor address; City; State; Zip Code South Boston, MA 02127	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Financial Analyst		9 Employer (See Instructions) Akamai Technologies
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Greg <hr/> Contributor address; City; State; Zip Code South Boston, MA 02127	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Akamai Technologies
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Ita <hr/> Contributor address; City; State; Zip Code Boston, MA 02127	Amount of Contribution (\$) \$2.86
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) conformis
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Ita <hr/> Contributor address; City; State; Zip Code Boston, MA 02127	Amount of Contribution (\$) \$2.86
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) conformis
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Ita <hr/> Contributor address; City; State; Zip Code Boston, MA 02127	Amount of Contribution (\$) \$2.86
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) conformis

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/117 Rpt: 55/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirsch, Joey 6 Contributor address; City; State; Zip Code West Orange, NJ 07052	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirsch, Joey Contributor address; City; State; Zip Code West Orange, NJ 07052	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirsch, Joey Contributor address; City; State; Zip Code West Orange, NJ 07052	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Grant Contributor address; City; State; Zip Code Denver, CO 80223	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Ford Motor Company
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Grant Contributor address; City; State; Zip Code Denver, CO 80223	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Ford Motor Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/117 Rpt: 56/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Grant <hr/> 6 Contributor address; City; State; Zip Code Denver, CO 80223	7 Amount of Contribution (\$) \$3.13
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) Pittman Dutton & Hellums P.C.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahm, Paul <hr/> Contributor address; City; State; Zip Code West Chester, PA 19380	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Los Angeles County
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahm, Paul <hr/> Contributor address; City; State; Zip Code West Chester, PA 19380	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Attorney/Mediator		Employer (See Instructions) L/O Robert L. Friedenberg
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahm, Paul <hr/> Contributor address; City; State; Zip Code West Chester, PA 19380	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions) Farmers Business Network
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois, Ss <hr/> Contributor address; City; State; Zip Code Port Townsend, WA 98368	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/117 Rpt: 57/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois, Ss <hr/> 6 Contributor address; City; State; Zip Code Port Townsend, WA 98368	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Lead Scientist		9 Employer (See Instructions) Navatek Ltd
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois, Ss <hr/> Contributor address; City; State; Zip Code Port Townsend, WA 98368	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lapp, Jan <hr/> Contributor address; City; State; Zip Code Minnetonka, MN 55305	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions) Farmers Business Network
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lapp, Jan <hr/> Contributor address; City; State; Zip Code Minnetonka, MN 55305	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Financial advisor		Employer (See Instructions) DB&T
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lapp, Jan <hr/> Contributor address; City; State; Zip Code Minnetonka, MN 55305	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) JHU APL

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/117 Rpt: 58/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laudadio, Robert <hr/> 6 Contributor address; City; State; Zip Code Harrison, NJ 07029	7 Amount of Contribution (\$) \$3.57
8 Principal occupation / Job title (See Instructions) Cybersecurity Analyst		9 Employer (See Instructions) JP Morgan Chase
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laudadio, Robert <hr/> Contributor address; City; State; Zip Code Harrison, NJ 07029	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Cybersecurity Analyst		Employer (See Instructions) JP Morgan Chase
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laudadio, Robert <hr/> Contributor address; City; State; Zip Code Harrison, NJ 07029	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Cybersecurity Analyst		Employer (See Instructions) JP Morgan Chase
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laughlin, Phyllis <hr/> Contributor address; City; State; Zip Code Palos Hills, IL 60465	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Civil servant		Employer (See Instructions) Franchise Tax Board
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laughlin, Phyllis <hr/> Contributor address; City; State; Zip Code Palos Hills, IL 60465	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Sales Management		Employer (See Instructions) BD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/117 Rpt: 59/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laughlin, Phyllis <hr/> 6 Contributor address; City; State; Zip Code Palos Hills, IL 60465	7 Amount of Contribution (\$) \$3.13
8 Principal occupation / Job title (See Instructions) Civil servant		9 Employer (See Instructions) Franchise Tax Board
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laureano, Jonathon <hr/> Contributor address; City; State; Zip Code North Plainfield, NJ 07062	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions) MLB Network
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laureano, Jonathon <hr/> Contributor address; City; State; Zip Code North Plainfield, NJ 07062	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions) MLB Network
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laureano, Jonathon <hr/> Contributor address; City; State; Zip Code North Plainfield, NJ 07062	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions) MLB Network
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Patrice <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Solution engineer		Employer (See Instructions) Salesforce

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/117 Rpt: 60/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Patrice <hr/> 6 Contributor address; City; State; Zip Code Fairfax, VA 22032	7 Amount of Contribution (\$) \$1.43
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) EGUSD
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Patrice <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions) MLB Network
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liljestrom, Allison <hr/> Contributor address; City; State; Zip Code Jackson, WY 83002	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Administrative Asst.		Employer (See Instructions) Winthrop & Weinstine
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liljestrom, Allison <hr/> Contributor address; City; State; Zip Code Jackson, WY 83002	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) JHU APL
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liljestrom, Allison <hr/> Contributor address; City; State; Zip Code Jackson, WY 83002	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Biz+dev		Employer (See Instructions) Valve

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/117 Rpt: 61/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipton, Avi <hr/> 6 Contributor address; City; State; Zip Code Boston, MA 02134	7 Amount of Contribution (\$) \$5.40
8 Principal occupation / Job title (See Instructions) Phd Student		9 Employer (See Instructions) Harvard University
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipton, Avi <hr/> Contributor address; City; State; Zip Code Boston, MA 02134	Amount of Contribution (\$) \$5.40
Principal occupation / Job title (See Instructions) Phd Student		Employer (See Instructions) Harvard University
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipton, Avi <hr/> Contributor address; City; State; Zip Code Boston, MA 02134	Amount of Contribution (\$) \$5.40
Principal occupation / Job title (See Instructions) Phd Student		Employer (See Instructions) Harvard University
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Michael <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$11.11
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Michael <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$11.11
Principal occupation / Job title (See Instructions) Solution engineer		Employer (See Instructions) Salesforce

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/117 Rpt: 62/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Michael <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610	7 Amount of Contribution (\$) \$11.11
8 Principal occupation / Job title (See Instructions) engineer		9 Employer (See Instructions) conformis
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luciano, Richard <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lupian, Anthony <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Recruitment Manager		Employer (See Instructions) ActBlue
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lupian, Anthony <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Pappalardo Media Co
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lupian, Anthony <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Medical Social Worker		Employer (See Instructions) Mission Hospice

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/117 Rpt: 63/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lupian, Anthony <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94117	7 Amount of Contribution (\$) \$6.25
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Bass Berry & Sims
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lupian, Anthony <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Wine Merchant		Employer (See Instructions) Mr.
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lupian, Anthony <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Huntington
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddock, Janelle <hr/> Contributor address; City; State; Zip Code Kissimmee, FL 34741	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Grad Student		Employer (See Instructions) Northwestern University
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddock, Janelle <hr/> Contributor address; City; State; Zip Code Kissimmee, FL 34741	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CDI

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/117 Rpt: 64/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddock, Janelle <hr/> 6 Contributor address; City; State; Zip Code Kissimmee, FL 34741	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) System Analyst		9 Employer (See Instructions) Disney Cruise Line
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahdavi, Jennifer <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95405	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahdavi, Jennifer <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95405	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Deloitte
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahdavi, Jennifer <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95405	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) accountant		Employer (See Instructions) Tarlson & Associates
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malin, Jane <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/117 Rpt: 65/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malin, Jane <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77062	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Naturalization Voter Registration Coordinator		9 Employer (See Instructions) League of Women Voters - SLC
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangiamele, David <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) Digitas
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangiamele, David <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangiamele, David <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcellesi, Alex <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22314	Amount of Contribution (\$) \$5.56
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

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2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcellesi, Alex <hr/> 6 Contributor address; City; State; Zip Code Alexandria, VA 22314	7 Amount of Contribution (\$) \$5.56
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Gibson Dunn & Crutcher LLP
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcellesi, Alex <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22314	Amount of Contribution (\$) \$5.56
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Gibson Dunn & Crutcher LLP
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Andrew <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79410	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) Texas Tech University
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Andrew <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79410	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Sam <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) researcher		Employer (See Instructions) Self

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2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Nancy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) hairdresser		9 Employer (See Instructions) self
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Fran <hr/> Contributor address; City; State; Zip Code Farmington, NM 87401-8629	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Flight attendant		Employer (See Instructions) Delta air Lines
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Fran <hr/> Contributor address; City; State; Zip Code Farmington, NM 87401-8629	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Fran <hr/> Contributor address; City; State; Zip Code Farmington, NM 87401-8629	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Brewery Sales Representative		Employer (See Instructions) Wallenpaupack Brewing Co
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCabe, Daniel <hr/> Contributor address; City; State; Zip Code Edina, MN 55436	Amount of Contribution (\$) \$1.11
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Canival Cruises

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/117 Rpt: 68/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCabe, Daniel <hr/> 6 Contributor address; City; State; Zip Code Edina, MN 55436	7 Amount of Contribution (\$) \$1.11
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCabe, Daniel <hr/> Contributor address; City; State; Zip Code Edina, MN 55436	Amount of Contribution (\$) \$1.11
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Reingold
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCann, Sean <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCann, Sean <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCann, Sean <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Pappalardo Media Co

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/117 Rpt: 69/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElroy, Jim <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) freelance writer		9 Employer (See Instructions) self
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElroy, Jim <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Learning Project Manager		Employer (See Instructions) Boeing
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGinnis, Robert <hr/> Contributor address; City; State; Zip Code New York, NY 10019	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) pilot		Employer (See Instructions) us navy
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGinnis, Robert <hr/> Contributor address; City; State; Zip Code New York, NY 10019	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) PCSB
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGinnis, Robert <hr/> Contributor address; City; State; Zip Code New York, NY 10019	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Flight attendant		Employer (See Instructions) Delta air Lines

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/117 Rpt: 70/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNary, Lela <hr/> 6 Contributor address; City; State; Zip Code Midland, TX 79701	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendelovich, Lilach <hr/> Contributor address; City; State; Zip Code Valley Village, CA 91607	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) SaneBox
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendelovich, Lilach <hr/> Contributor address; City; State; Zip Code Valley Village, CA 91607	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) SaneBox
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendelovich, Lilach <hr/> Contributor address; City; State; Zip Code Valley Village, CA 91607	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) SaneBox
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michaelides, Evan <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) United Nations

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/117 Rpt: 71/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mikels, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) CSU
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Cyral <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) BS&W Health
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Patrick <hr/> Contributor address; City; State; Zip Code Cheney, WA 99004	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Software Engineering		Employer (See Instructions) Fusion Alliance
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Patrick <hr/> Contributor address; City; State; Zip Code Cheney, WA 99004	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Software Engineering		Employer (See Instructions) Fusion Alliance
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molitch-Hou, Ethan <hr/> Contributor address; City; State; Zip Code FPO, AP 96362-2599	Amount of Contribution (\$) \$14.28
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) conformis

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/117 Rpt: 72/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molitch-Hou, Ethan <hr/> 6 Contributor address; City; State; Zip Code FPO, AP 96362-2599	7 Amount of Contribution (\$) \$14.28
8 Principal occupation / Job title (See Instructions) Rn		9 Employer (See Instructions) Self
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molitch-Hou, Ethan <hr/> Contributor address; City; State; Zip Code FPO, AP 96362-2599	Amount of Contribution (\$) \$14.28
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) PCSB
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montrose, Marc <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public Service		Employer (See Instructions) Travis County TX
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulcahy-Libel, Kelly <hr/> Contributor address; City; State; Zip Code Des Plaines, IL 60018	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Public Health Nutrition		Employer (See Instructions) Illinois Public Health Institute
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulcahy-Libel, Kelly <hr/> Contributor address; City; State; Zip Code Des Plaines, IL 60018	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/117 Rpt: 73/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murrell, Joseph <hr/> 6 Contributor address; City; State; Zip Code Valencia, CA 91354	7 Amount of Contribution (\$) \$3.57
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nall, Michelle and Ryan <hr/> Contributor address; City; State; Zip Code Gainesville, FL 32601	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nall, Michelle and Ryan <hr/> Contributor address; City; State; Zip Code Gainesville, FL 32601	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Se		Employer (See Instructions) Attunity
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nall, Michelle and Ryan <hr/> Contributor address; City; State; Zip Code Gainesville, FL 32601	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Independent contractor
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neurohr, Rachel <hr/> Contributor address; City; State; Zip Code Washington, DC 20010-2192	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/117 Rpt: 74/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neurohr, Rachel <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20010-2192	7 Amount of Contribution (\$) \$3.13
8 Principal occupation / Job title (See Instructions) Non-Student Non-Regular Staff		9 Employer (See Instructions) Texas State University
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nispel, Shanna <hr/> Contributor address; City; State; Zip Code San Jose, CA 95135	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medical Coder		Employer (See Instructions) Baylor Scott and White
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nispel, Shanna <hr/> Contributor address; City; State; Zip Code San Jose, CA 95135	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) The Nature Conservancy
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nispel, Shanna <hr/> Contributor address; City; State; Zip Code San Jose, CA 95135	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Medical Coder		Employer (See Instructions) Baylor Scott and White
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norsworthy, Timothy <hr/> Contributor address; City; State; Zip Code Millburn, NJ 07041	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Bristol Myers Squibb

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/117 Rpt: 75/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norsworthy, Timothy <hr/> 6 Contributor address; City; State; Zip Code Millburn, NJ 07041	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) Bristol Myers Squibb
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ocañas-Manzo, Orlando <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Learning Project Manager		Employer (See Instructions) Boeing
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivares, Juventino <hr/> Contributor address; City; State; Zip Code Lavon, TX 75166	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Outzen, Brita <hr/> Contributor address; City; State; Zip Code Sudbury, MA 01776	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacchiana, Adam <hr/> Contributor address; City; State; Zip Code Sandy Hook, CT 06482	Amount of Contribution (\$) \$2.27
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/117 Rpt: 76/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacchiana, Adam <hr/> 6 Contributor address; City; State; Zip Code Sandy Hook, CT 06482	7 Amount of Contribution (\$) \$2.27
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacchiana, Adam <hr/> Contributor address; City; State; Zip Code Sandy Hook, CT 06482	Amount of Contribution (\$) \$2.27
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palumbo, Pamela <hr/> Contributor address; City; State; Zip Code Lake Clear, NY 12945	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Drug Safety Manger		Employer (See Instructions) Ultragenyx
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palumbo, Pamela <hr/> Contributor address; City; State; Zip Code Lake Clear, NY 12945	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palumbo, Pamela <hr/> Contributor address; City; State; Zip Code Lake Clear, NY 12945	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Drug Safety Manger		Employer (See Instructions) Ultragenyx

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/117 Rpt: 77/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pappalardo, Brian <hr/> 6 Contributor address; City; State; Zip Code Little Rock, AR 72202	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Se		9 Employer (See Instructions) Attunity
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pappalardo, Brian <hr/> Contributor address; City; State; Zip Code Little Rock, AR 72202	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Pappalardo Media Co
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pappalardo, Brian <hr/> Contributor address; City; State; Zip Code Little Rock, AR 72202	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Software Development		Employer (See Instructions) Liquibase
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pate, Lois <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Medical Social Worker		Employer (See Instructions) Mission Hospice
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedroza, Anna <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/117 Rpt: 78/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Andrea <hr/> 6 Contributor address; City; State; Zip Code Friday Harbor, WA 98250	7 Amount of Contribution (\$) \$3.13
8 Principal occupation / Job title (See Instructions) Programmer		9 Employer (See Instructions) University of Texas at Austin
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Andrea <hr/> Contributor address; City; State; Zip Code Friday Harbor, WA 98250	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Andrea <hr/> Contributor address; City; State; Zip Code Friday Harbor, WA 98250	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Se		Employer (See Instructions) Attunity
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petrichor, Emily <hr/> Contributor address; City; State; Zip Code Crownsville, MD 21032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) George Mason University
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petrichor, Emily <hr/> Contributor address; City; State; Zip Code Crownsville, MD 21032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Wine Merchant		Employer (See Instructions) Mr.

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/117 Rpt: 79/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petrichor, Emily <hr/> 6 Contributor address; City; State; Zip Code Crownsville, MD 21032	7 Amount of Contribution (\$) \$1.43
8 Principal occupation / Job title (See Instructions) Horse Trainer		9 Employer (See Instructions) self employed
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Laura <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pittman, W. Lee <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35203	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Management Analyst		Employer (See Instructions) SSA
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polman, Cheryl <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) AP Clerk		Employer (See Instructions) Manson Construction Co.
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prado, Enedelia <hr/> Contributor address; City; State; Zip Code Donna, TX 78537	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/117 Rpt: 80/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prevas, Frances <hr/> 6 Contributor address; City; State; Zip Code Lawndale, CA 90260	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Therapist		9 Employer (See Instructions) Self
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prevas, Frances <hr/> Contributor address; City; State; Zip Code Lawndale, CA 90260	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) CSL Behring
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prevas, Frances <hr/> Contributor address; City; State; Zip Code Lawndale, CA 90260	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Przewlocki, Sunita <hr/> Contributor address; City; State; Zip Code Hilo, HI 96720	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Realtor
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Przewlocki, Sunita <hr/> Contributor address; City; State; Zip Code Hilo, HI 96720	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Realtor

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/117 Rpt: 81/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumfrey, William <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78736	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quaintance, Don <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Graphic Design		Employer (See Instructions) Public Address
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quittner, Claudia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) SCPMG
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rahn, Karen <hr/> Contributor address; City; State; Zip Code MARION, VA 24354	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rahn, Karen <hr/> Contributor address; City; State; Zip Code MARION, VA 24354	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/117 Rpt: 82/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rahn, Karen <hr/> 6 Contributor address; City; State; Zip Code MARION, VA 24354	7 Amount of Contribution (\$) \$3.58
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$7.15
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$7.15
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/117 Rpt: 83/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> 6 Contributor address; City; State; Zip Code morganville, NJ 07751	7 Amount of Contribution (\$) \$7.15
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redgate, Christopher <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90807	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redgate, Christopher <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90807	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) hairdresser		Employer (See Instructions) self
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redgate, Christopher <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90807	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reymann, Katherine <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84108	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) Department of Veterans Affairs

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/117 Rpt: 84/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reymann, Katherine <hr/> 6 Contributor address; City; State; Zip Code Salt Lake City, UT 84108	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Expert Consultant		9 Employer (See Instructions) self
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Ladd <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) 12A		Employer (See Instructions) US Army
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricci, Mary <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Financial advisor		Employer (See Instructions) DB&T
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricci, Mary <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Civil servant		Employer (See Instructions) Franchise Tax Board
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricci, Mary <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/117 Rpt: 85/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Madeline <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20009	7 Amount of Contribution (\$) \$2.86
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Spotify
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Madeline <hr/> Contributor address; City; State; Zip Code Washington, DC 20009	Amount of Contribution (\$) \$2.86
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Minnesota
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Madeline <hr/> Contributor address; City; State; Zip Code Washington, DC 20009	Amount of Contribution (\$) \$2.86
Principal occupation / Job title (See Instructions) Cybersecurity Analyst		Employer (See Instructions) JP Morgan Chase
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockman, Charlie <hr/> Contributor address; City; State; Zip Code Portland, OR 97213	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Keurig Dr Pepper
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockman, Charlie <hr/> Contributor address; City; State; Zip Code Portland, OR 97213	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Operational Strategy		Employer (See Instructions) Self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/117 Rpt: 86/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockman, Charlie <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97213	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Operational Strategy		9 Employer (See Instructions) Self
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Brittany <hr/> Contributor address; City; State; Zip Code Towson, MD 21286	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Wine Merchant		Employer (See Instructions) Mr.
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Brittany <hr/> Contributor address; City; State; Zip Code Towson, MD 21286	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Akamai Technologies
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Brittany <hr/> Contributor address; City; State; Zip Code Towson, MD 21286	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roseman, Stuart <hr/> Contributor address; City; State; Zip Code Boston, MA 02116	Amount of Contribution (\$) \$31.25
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) SaneBox

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/117 Rpt: 87/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roseman, Stuart <hr/> 6 Contributor address; City; State; Zip Code Boston, MA 02116	7 Amount of Contribution (\$) \$31.25
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) SaneBox
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roseman, Stuart <hr/> Contributor address; City; State; Zip Code Boston, MA 02116	Amount of Contribution (\$) \$31.25
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) SaneBox
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudis, Joshua <hr/> Contributor address; City; State; Zip Code APO, AE 09114	Amount of Contribution (\$) \$2.77
Principal occupation / Job title (See Instructions) 12A		Employer (See Instructions) US Army
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudis, Joshua <hr/> Contributor address; City; State; Zip Code APO, AE 09114	Amount of Contribution (\$) \$2.77
Principal occupation / Job title (See Instructions) 12A		Employer (See Instructions) US Army
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudis, Joshua <hr/> Contributor address; City; State; Zip Code APO, AE 09114	Amount of Contribution (\$) \$2.77
Principal occupation / Job title (See Instructions) 12A		Employer (See Instructions) US Army

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/117 Rpt: 88/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rustomji, Yazed Rustomji <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Naturalization Voter Registration Coordinator		9 Employer (See Instructions) League of Women Voters - SLC
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> Contributor address; City; State; Zip Code Brightwood, OR 97011	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Lyft Driver		Employer (See Instructions) Myself
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> Contributor address; City; State; Zip Code Brightwood, OR 97011	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> Contributor address; City; State; Zip Code Brightwood, OR 97011	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Timothy <hr/> Contributor address; City; State; Zip Code Somerville, MA 02143	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Facebook

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/117 Rpt: 89/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Timothy <hr/> 6 Contributor address; City; State; Zip Code Somerville, MA 02143	7 Amount of Contribution (\$) \$3.75
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Facebook
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Timothy <hr/> Contributor address; City; State; Zip Code Somerville, MA 02143	Amount of Contribution (\$) \$3.75
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Facebook
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saleem, Sharoon <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Medical Social Worker		Employer (See Instructions) Mission Hospice
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarnecki, Isolde <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27615	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) IDEA Public Schools
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenck, David <hr/> Contributor address; City; State; Zip Code Huntington Beach, CA 92648	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director PV Systems		Employer (See Instructions) Acadia Pharmaceutical

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/117 Rpt: 90/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenck, David 6 Contributor address; City; State; Zip Code Huntington Beach, CA 92648	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) System Analyst		9 Employer (See Instructions) Disney Cruise Line
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenck, David Contributor address; City; State; Zip Code Huntington Beach, CA 92648	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) UMass Chan Medical School
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schierhorn, Carl Contributor address; City; State; Zip Code Kent, OH 44240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schierhorn, Carl Contributor address; City; State; Zip Code Kent, OH 44240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schierhorn, Carl Contributor address; City; State; Zip Code Kent, OH 44240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/117 Rpt: 91/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, David <hr/> 6 Contributor address; City; State; Zip Code Rowlett, TX 75088	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scotland, James <hr/> Contributor address; City; State; Zip Code Tucson, AZ 75750	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scotland, James <hr/> Contributor address; City; State; Zip Code Tucson, AZ 75750	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scotland, James <hr/> Contributor address; City; State; Zip Code Tucson, AZ 75750	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sells, Greg <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) George Washington University

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/117 Rpt: 92/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sever, Ann <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sever, Ann <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shavers, Mark <hr/> Contributor address; City; State; Zip Code Houston, TX 77059-5586	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppe, Suzanne <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22901	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppe, Suzanne <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22901	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Public Health Nutrition		Employer (See Instructions) Illinois Public Health Institute

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/117 Rpt: 93/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Halley <hr/> 6 Contributor address; City; State; Zip Code Indianapolis, IN 46202	7 Amount of Contribution (\$) \$2.09
8 Principal occupation / Job title (See Instructions) Senior Management Analyst		9 Employer (See Instructions) SSA
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Halley <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46202	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) Digitas
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Halley <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46202	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) Research Nurse		Employer (See Instructions) UT Southwestern Medical Center
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Paula <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smolen, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emory

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2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smolen, Paul <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78722	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Zynga Inc
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soares, Leigh <hr/> Contributor address; City; State; Zip Code Starkville, MS 39759	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) System Analyst		Employer (See Instructions) Disney Cruise Line
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soliday, Gerald L <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Larry D <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) Ada County Highway District
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauffer, Allyson <hr/> Contributor address; City; State; Zip Code Longmont, CO 80501	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/117 Rpt: 95/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauffer, Allyson <hr/> 6 Contributor address; City; State; Zip Code Longmont, CO 80501	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauffer, Allyson <hr/> Contributor address; City; State; Zip Code Longmont, CO 80501	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Plum Creek Records & Tapes
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Alexandra <hr/> Contributor address; City; State; Zip Code New York, NY 10023	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Alexandra <hr/> Contributor address; City; State; Zip Code New York, NY 10023	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Alexandra <hr/> Contributor address; City; State; Zip Code New York, NY 10023	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Genuine Interactive

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2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Andrew <hr/> 6 Contributor address; City; State; Zip Code Pullman, WA 99163	7 Amount of Contribution (\$) \$2.09
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Andrew <hr/> Contributor address; City; State; Zip Code Pullman, WA 99163	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Still, Francine <hr/> Contributor address; City; State; Zip Code Marana, AZ 85658	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Deloitte
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Still, Francine <hr/> Contributor address; City; State; Zip Code Marana, AZ 85658	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Medtronic
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Still, Francine <hr/> Contributor address; City; State; Zip Code Marana, AZ 85658	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/117 Rpt: 97/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strelau, Brien <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78702	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumner, Matthew <hr/> Contributor address; City; State; Zip Code Wynnewood, PA 19006	Amount of Contribution (\$) \$1.75
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Messari
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumner, Matthew <hr/> Contributor address; City; State; Zip Code Wynnewood, PA 19006	Amount of Contribution (\$) \$1.75
Principal occupation / Job title (See Instructions) Professor Emeritus		Employer (See Instructions) Univ. Texas - Dallas
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumner, Matthew <hr/> Contributor address; City; State; Zip Code Wynnewood, PA 19006	Amount of Contribution (\$) \$1.75
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taddiken, Mary <hr/> Contributor address; City; State; Zip Code Lucas, TX 75002	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Marketing manager		Employer (See Instructions) Dell

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/117 Rpt: 98/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamble, Adam <hr/> 6 Contributor address; City; State; Zip Code Kirkland, WA 98034	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Houston ISD
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamble, Adam <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98034	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) At home father		Employer (See Instructions) At home father
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamble, Adam <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98034	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thangudu, Prabhakar <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) ARNP		Employer (See Instructions) UF
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Peter <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/117 Rpt: 99/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Peter 6 Contributor address; City; State; Zip Code Berkeley, CA 94707	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Phd Student		9 Employer (See Instructions) Harvard University
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Peter Contributor address; City; State; Zip Code Berkeley, CA 94707	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Phd Student		Employer (See Instructions) Harvard University
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Amy Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ARNP		Employer (See Instructions) UF
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Denis Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Denis Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/117 Rpt: 100/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Donald <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77045	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiede, Sara <hr/> Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80907	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiede, Sara <hr/> Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80907	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiede, Sara <hr/> Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80907	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tims, Ian <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) SCPMG

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/117 Rpt: 101/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tims, Ian <hr/> 6 Contributor address; City; State; Zip Code Plymouth, MI 48170	7 Amount of Contribution (\$) \$1.25
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions) SCPMG
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tims, Ian <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) Prologis
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Kathryn <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Health and Human Svcs Dept
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Tomas <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Audio Video Lights Production		Employer (See Instructions) Christ's Church of the Valley
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Tomas <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) KBR

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/117 Rpt: 102/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/20/2024	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	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Audio Video Lights Production		9 Employer (See Instructions) Christ's Church of the Valley
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Tomas <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Audio Video Lights Production		Employer (See Instructions) Christ's Church of the Valley
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	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Learning Project Manager		Employer (See Instructions) Boeing
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Elizabeth <hr/> Contributor address; City; State; Zip Code Reading, MA 01867	Amount of Contribution (\$) \$1.66
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Kronos Bio
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Elizabeth <hr/> Contributor address; City; State; Zip Code Reading, MA 01867	Amount of Contribution (\$) \$1.66
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Kronos Bio

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/117 Rpt: 103/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Reading, MA 01867	7 Amount of Contribution (\$) \$1.66
8 Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions) Kronos Bio
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trautman, Allan <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Freelance
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trautman, Allan <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) tech writer		Employer (See Instructions) Apple Inc
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trautman, Allan <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) ramapo college
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trotter, Marvin <hr/> Contributor address; City; State; Zip Code Redwood valley, CA 95470	Amount of Contribution (\$) \$2.77
Principal occupation / Job title (See Instructions) Learning & Development Manager		Employer (See Instructions) Protiviti

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/117 Rpt: 104/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trotter, Marvin <hr/> 6 Contributor address; City; State; Zip Code Redwood valley, CA 95470	7 Amount of Contribution (\$) \$2.77
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trotter, Marvin <hr/> Contributor address; City; State; Zip Code Redwood valley, CA 95470	Amount of Contribution (\$) \$2.77
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsuneyoshi, Naomi <hr/> Contributor address; City; State; Zip Code Kalaheo, HI 96741	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Proposal Manager		Employer (See Instructions) Cigna
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsuneyoshi, Naomi <hr/> Contributor address; City; State; Zip Code Kalaheo, HI 96741	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Accoutant		Employer (See Instructions) Your Part-Time Controller
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsuneyoshi, Naomi <hr/> Contributor address; City; State; Zip Code Kalaheo, HI 96741	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Medtronic

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/117 Rpt: 105/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Michael <hr/> 6 Contributor address; City; State; Zip Code Del Rio, TX 78840	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Urban Machine
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez-Cox, Juanita <hr/> Contributor address; City; State; Zip Code Donna, TX 78537-4480	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Foresight Sports
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valenti, Patrick <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22043	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) CSL Behring
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valenti, Patrick <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22043	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Puppeteer		Employer (See Instructions) Self
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valenti, Patrick <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22043	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Administrative Asst.		Employer (See Instructions) Winthrop & Weinstine

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/117 Rpt: 106/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veal, Jared <hr/> 6 Contributor address; City; State; Zip Code Addis, LA 70710	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veal, Jared <hr/> Contributor address; City; State; Zip Code Addis, LA 70710	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Lyft Driver		Employer (See Instructions) Myself
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veal, Jared <hr/> Contributor address; City; State; Zip Code Addis, LA 70710	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Lyft Driver		Employer (See Instructions) Myself
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virgen, Matthew <hr/> Contributor address; City; State; Zip Code San Diego, CA 92126	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Software QA Manager		Employer (See Instructions) Scoir Inc
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virgen, Matthew <hr/> Contributor address; City; State; Zip Code San Diego, CA 92126	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Non Profit		Employer (See Instructions) JCFS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/117 Rpt: 107/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virgen, Matthew <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92126	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, Wright <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Marty <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Marty <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Self
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wales, Marissa <hr/> Contributor address; City; State; Zip Code Rochester, MN 55901	Amount of Contribution (\$) \$2.14
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/117 Rpt: 108/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wales, Marissa <hr/> 6 Contributor address; City; State; Zip Code Rochester, MN 55901	7 Amount of Contribution (\$) \$2.14
8 Principal occupation / Job title (See Instructions) Medical Coder		9 Employer (See Instructions) Baylor Scott and White
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wales, Marissa <hr/> Contributor address; City; State; Zip Code Rochester, MN 55901	Amount of Contribution (\$) \$2.14
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) The Nature Conservancy
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Charlotte <hr/> Contributor address; City; State; Zip Code Greenville, SC 29605	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Cubizm
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Charlotte <hr/> Contributor address; City; State; Zip Code Greenville, SC 29605	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Mechanical Engineer		Employer (See Instructions) General Atomics
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Charlotte <hr/> Contributor address; City; State; Zip Code Greenville, SC 29605	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/117 Rpt: 109/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wasserman, Tina <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) financial planner		9 Employer (See Instructions) Money Positive
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wasserman, Tina <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) UMass Chan Medical School
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wasserman, Tina <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Varian Medical Systems
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Andy <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waugh, Emily <hr/> Contributor address; City; State; Zip Code Milwaukie, OR 97222	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/117 Rpt: 110/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waugh, Emily 6 Contributor address; City; State; Zip Code Milwaukie, OR 97222	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waugh, Emily Contributor address; City; State; Zip Code Milwaukie, OR 97222	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Self
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weil, Lewis Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Heather Contributor address; City; State; Zip Code San Diego, CA 92103	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Heather Contributor address; City; State; Zip Code San Diego, CA 92103	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/117 Rpt: 111/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Heather <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92103	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whatley, Suzanne <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) UVA Hospital
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whatley, Suzanne <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) ISO New Englad
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whatley, Suzanne <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheaton, Doug <hr/> Contributor address; City; State; Zip Code Mountain View, CA 94043	Amount of Contribution (\$) \$6.87
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bass Berry & Sims

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/117 Rpt: 112/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheaton, Doug <hr/> 6 Contributor address; City; State; Zip Code Mountain View, CA 94043	7 Amount of Contribution (\$) \$6.87
8 Principal occupation / Job title (See Instructions) Winemaker		9 Employer (See Instructions) C.L. Butaud Wines
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheaton, Doug <hr/> Contributor address; City; State; Zip Code Mountain View, CA 94043	Amount of Contribution (\$) \$6.87
Principal occupation / Job title (See Instructions) Medical Social Worker		Employer (See Instructions) Mission Hospice
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggans, Rachel <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) 12A		Employer (See Instructions) US Army
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggans, Rachel <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggans, Rachel <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) 12A		Employer (See Instructions) US Army

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/117 Rpt: 113/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilbur, Jeff <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94602	7 Amount of Contribution (\$) \$1.75
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Independent contractor
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilbur, Jeff <hr/> Contributor address; City; State; Zip Code Oakland, CA 94602	Amount of Contribution (\$) \$1.75
Principal occupation / Job title (See Instructions) Medical Social Worker		Employer (See Instructions) Mission Hospice
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilbur, Jeff <hr/> Contributor address; City; State; Zip Code Oakland, CA 94602	Amount of Contribution (\$) \$1.75
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, David <hr/> Contributor address; City; State; Zip Code Chandler, AZ 85224	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Accoutant		Employer (See Instructions) Your Part-Time Controller
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, David <hr/> Contributor address; City; State; Zip Code Chandler, AZ 85224	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) HOK

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/117 Rpt: 114/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, David <hr/> 6 Contributor address; City; State; Zip Code Chandler, AZ 85224	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Faculty Physician		9 Employer (See Instructions) UTMB at Galveston
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth <hr/> Contributor address; City; State; Zip Code Alamogordo, NM 88310	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Martha <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Texas Childrens Hospital
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolfson, Jennifer <hr/> Contributor address; City; State; Zip Code Northampton, MA 01060	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) ISO New Englad
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolfson, Jennifer <hr/> Contributor address; City; State; Zip Code Northampton, MA 01060	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) ISO New Englad

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/117 Rpt: 115/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78765	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Mkt Rep		9 Employer (See Instructions) Mercury Ins
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max <hr/> Contributor address; City; State; Zip Code Austin, TX 78765	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Plum Creek Records & Tapes
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max <hr/> Contributor address; City; State; Zip Code Austin, TX 78765	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yandell, Bruce <hr/> Contributor address; City; State; Zip Code Rocklin, CA 95765	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Mechanical Engineer		Employer (See Instructions) General Atomics
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yandell, Bruce <hr/> Contributor address; City; State; Zip Code Rocklin, CA 95765	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Software QA Manager		Employer (See Instructions) Scoil Inc

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/117 Rpt: 116/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yandell, Bruce <hr/> 6 Contributor address; City; State; Zip Code Rocklin, CA 95765	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Marriott
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Caity <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115	Amount of Contribution (\$) \$2.86
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Caity <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115	Amount of Contribution (\$) \$2.86
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Caity <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115	Amount of Contribution (\$) \$2.86
Principal occupation / Job title (See Instructions) pilot		Employer (See Instructions) us navy
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yetmen, Canan <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/117 Rpt: 117/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kellyn <hr/> 6 Contributor address; City; State; Zip Code Lawrence, KS 66049	7 Amount of Contribution (\$) \$1.43
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) The Nature Conservancy
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kellyn <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kellyn <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zintz, Marji <hr/> Contributor address; City; State; Zip Code Olivebridge, NY 12461	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) computer consultant		Employer (See Instructions) Prosum Inc.
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zintz, Marji <hr/> Contributor address; City; State; Zip Code Olivebridge, NY 12461	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Cubizm

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2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zintz, Marji 6 Contributor address; City; State; Zip Code Olivebridge, NY 12461	7 Amount of Contribution (\$) \$1.25
8 Principal occupation / Job title (See Instructions) Material Handler		9 Employer (See Instructions) Ryder
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) cotton, mitzi Contributor address; City; State; Zip Code AUSTIN, TX 78751	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) lipkin, jonathan Contributor address; City; State; Zip Code brooklyn, NY 11238	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) lipkin, jonathan Contributor address; City; State; Zip Code brooklyn, NY 11238	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) lipkin, jonathan Contributor address; City; State; Zip Code brooklyn, NY 11238	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Attorney/Mediator		Employer (See Instructions) L/O Robert L. Friedenberg

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/117 Rpt: 119/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sosa, guadalupe <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78704	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) researcher		9 Employer (See Instructions) Self
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sosa, guadalupe <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78704	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sosa, guadalupe <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78704	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wachs, miriam <hr/> Contributor address; City; State; Zip Code New Jersey, NJ 07302	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Deloitte
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wachs, miriam <hr/> Contributor address; City; State; Zip Code New Jersey, NJ 07302	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Deloitte

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/117 Rpt: 120/171
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wachs, miriam <hr/> 6 Contributor address; City; State; Zip Code New Jersey, NJ 07302	7 Amount of Contribution (\$) \$1.43
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Deloitte
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wild, stephen <hr/> Contributor address; City; State; Zip Code Bremerton, WA 98310	Amount of Contribution (\$) \$6.11
Principal occupation / Job title (See Instructions) researcher		Employer (See Instructions) Self
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wild, stephen <hr/> Contributor address; City; State; Zip Code Bremerton, WA 98310	Amount of Contribution (\$) \$6.11
Principal occupation / Job title (See Instructions) Flight attendant		Employer (See Instructions) Delta air Lines
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wild, stephen <hr/> Contributor address; City; State; Zip Code Bremerton, WA 98310	Amount of Contribution (\$) \$6.11
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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: 1/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/09/2024	5 Payee name 492 BBQ	
6 Amount (\$) \$83.28 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1703 W Trenton Rd Suite 112 Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/22/2024	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$66.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441147 Somerville, MA 02145	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fundraising cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/15/2024	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$82.82 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441148 Somerville, MA 02146	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fundraising cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 2/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/08/2024	5 Payee name ActBlue	
6 Amount (\$) \$23.34	7 Payee address; City; State; Zip Code P.O. Box 441149 Somerville, MA 02147	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fundraising cost
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2024	Payee name ActBlue	
Amount (\$) \$13.52	Payee address; City; State; Zip Code P.O. Box 441150 Somerville, MA 02148	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fundraising cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/25/2024	Payee name ActBlue	
Amount (\$) \$65.46	Payee address; City; State; Zip Code P.O. Box 441151 Somerville, MA 02149	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fundraising cost
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: 3/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/18/2024	5 Payee name ActBlue	
6 Amount (\$) \$16.05	7 Payee address; City; State; Zip Code P.O. Box 441152 Somerville, MA 02150	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fundraising cost
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/11/2024	Payee name ActBlue	
Amount (\$) \$29.82	Payee address; City; State; Zip Code P.O. Box 441153 Somerville, MA 02151	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fundraising cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2024	Payee name ActBlue	
Amount (\$) \$23.16	Payee address; City; State; Zip Code P.O. Box 441154 Somerville, MA 02152	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fundraising cost
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: 4/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/28/2024	5 Payee name ActBlue	
6 Amount (\$) \$68.03	7 Payee address; City; State; Zip Code P.O. Box 441155 Somerville, MA 02153	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fundraising cost
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/21/2024	Payee name ActBlue	
Amount (\$) \$44.62	Payee address; City; State; Zip Code P.O. Box 441156 Somerville, MA 02154	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fundraising cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/14/2024	Payee name ActBlue	
Amount (\$) \$32.27	Payee address; City; State; Zip Code P.O. Box 441157 Somerville, MA 02155	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fundraising cost
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: 5/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/07/2024	5 Payee name ActBlue	
6 Amount (\$) \$6.61	7 Payee address; City; State; Zip Code P.O. Box 441158 Somerville, MA 02156	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fundraising cost
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/11/2024	Payee name Adobe	
Amount (\$) \$24.89	Payee address; City; State; Zip Code 11501 Domain Drive, Suite 110	
<input type="checkbox"/> Expenditure from corporate funds	Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/11/2024	Payee name Adobe	
Amount (\$) \$21.64	Payee address; City; State; Zip Code 11501 Domain Drive, Suite 110	
<input type="checkbox"/> Expenditure from corporate funds	Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Software
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: 6/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/12/2024	5 Payee name Adobe	
6 Amount (\$) \$21.64 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 11501 Domain Drive, Suite 110 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/11/2024	Candidate/Officeholder name Office sought Office held	
Payee name Adobe		
Amount (\$) \$21.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11501 Domain Drive, Suite 110 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/23/2024	Candidate/Officeholder name Office sought Office held	
Payee name Allianz Insurance		
Amount (\$) \$88.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5701 Golden Hills Drive Minneapolis, MN 55416	
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 Event expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 7/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/08/2024	5 Payee name Amazon	
6 Amount (\$) \$70.81 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
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 Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/26/2024	Candidate/Officeholder name Office sought Office held	
Payee name Amazon		
Amount (\$) \$65.65 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
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 Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/26/2024	Candidate/Officeholder name Office sought Office held	
Payee name Amazon		
Amount (\$) \$44.37 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
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 Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/26/2024	Candidate/Officeholder name Office sought Office held	
Payee name Amazon		
Amount (\$) \$44.37 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
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 Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 8/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/26/2024	5 Payee name Amazon	
6 Amount (\$) \$14.78 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
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 Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2024	Payee name Amazon	
Amount (\$) \$78.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
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 Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name Amazon	
Amount (\$) \$43.29 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
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 Office Supplies
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: 9/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/19/2024	5 Payee name Amazon	
6 Amount (\$) \$97.41 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
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 Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2024	Payee name Amazon	
Amount (\$) \$144.94 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
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 Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2024	Payee name Amazon	
Amount (\$) \$232.47 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
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 Office Supplies
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: 10/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/19/2024	5 Payee name Ambra	
6 Amount (\$) \$122.45 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1200 Auburn Ave, STE 200 Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/13/2024	Candidate/Officeholder name Payee name Bandera Coffee	
Amount (\$) \$4.87 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 415 W. Van Buren Harlingen, TX 78550	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/12/2024	Candidate/Officeholder name Payee name Barrel House Tavern	
Amount (\$) \$18.13 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1927 Tourist Dr. Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 11/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/05/2024	5 Payee name Big Daddy's	
6 Amount (\$) \$35.34 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5818 N Cage Blvd Pharr, TX 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/08/2024	Payee name Brandboosters	
Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 301 N McColl Rd Suite G McAllen, TX 78501	
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 Print costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2024	Payee name Brandboosters	
Amount (\$) \$1,950.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 301 N McColl Rd Suite G McAllen, TX 78501	
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 Print costs
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: 12/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/23/2024	5 Payee name Brandboosters	
6 Amount (\$) \$240.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 301 N McColl Rd Suite G McAllen, TX 78501	
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 Print costs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/23/2024	Candidate/Officeholder name	Office sought
Payee name Brandboosters	Office held	
Amount (\$) \$120.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 301 N McColl Rd Suite G McAllen, TX 78501	
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 Print costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/25/2024	Candidate/Officeholder name	Office sought
Payee name Brandboosters	Office held	
Amount (\$) \$1,250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 301 N McColl Rd Suite G McAllen, TX 78501	
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 Print costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 13/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/29/2024	5 Payee name Brandboosters	
6 Amount (\$) \$1,300.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 301 N McColl Rd Suite G McAllen, TX 78501	
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 Print costs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/05/2024	Candidate/Officeholder name Brandboosters	
Amount (\$) \$690.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 301 N McColl Rd Suite G McAllen, TX 78501	
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 Print costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/29/2024	Candidate/Officeholder name Callfire	
Amount (\$) \$319.80 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1410 2nd St Suite 200 Santa Monica, CA 90401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 Research Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 14/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/31/2024	5 Payee name Callfire	
6 Amount (\$) \$5.94 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1410 2nd St Suite 200 Santa Monica, CA 90401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 Research Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Callfire	
Amount (\$) \$114.16 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1410 2nd St Suite 200 Santa Monica, CA 90401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 Research Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2024	Payee name Callfire	
Amount (\$) \$909.83 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1410 2nd St Suite 200 Santa Monica, CA 90401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 Research Expense
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: 15/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/05/2024	5 Payee name Canakit Electronics	
6 Amount (\$) \$186.90 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2455 Dollarton Hwy Vancouver BC V7H0A2 Canada	
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 Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/11/2024	Candidate/Officeholder name Church's	
Amount (\$) \$11.13 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2205 Nolana Ave McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/15/2024	Candidate/Officeholder name Civitech	
Amount (\$) \$10.84 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1023 Springdale Austin, TX 78721	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 Research Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 16/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/20/2024	5 Payee name Civitech	
6 Amount (\$) \$10.84 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1023 Springdale Austin, TX 78721	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 Research Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/12/2024	Payee name Constant Contact	
Amount (\$) \$229.88 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/12/2024	Payee name Constant Contact	
Amount (\$) \$229.88 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Software
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: 17/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/12/2024	5 Payee name Constant Contact	
6 Amount (\$) \$248.11 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2024	Payee name Costco	
Amount (\$) \$120.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1501 W. Kelly Pharr, TX 78577	
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 Canvass Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2024	Payee name Costco	
Amount (\$) \$187.45 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1501 W. Kelly Pharr, TX 78577	
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 Subscription
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: 18/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/04/2024	5 Payee name Costco	
6 Amount (\$) \$30.33 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1501 W. Kelly Pharr, TX 78577	
8 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 Canvass Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2024	Payee name Costco	
Amount (\$) \$153.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1501 W. Kelly Pharr, TX 78577	
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 Canvass Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2024	Payee name Cricket	
Amount (\$) \$46.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4017 S. McColl Edinburg, TX 78539	
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 Phone Expense
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: 19/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/31/2024	5 Payee name Cricket	
6 Amount (\$) \$519.60 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4017 S. McColl Edinburg, TX 78539	
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 Phone Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2024	Payee name Cricket	
Amount (\$) \$46.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4017 S. McColl Edinburg, TX 78539	
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 Phone Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2024	Payee name Cricket	
Amount (\$) \$130.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4017 S. McColl Edinburg, TX 78539	
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 Phone Expense
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: 20/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/18/2024	5 Payee name Cricket	
6 Amount (\$) \$46.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4017 S. McColl Edinburg, TX 78539	
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 Phone Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/08/2024	Candidate/Officeholder name DEBC	
Amount (\$) \$925.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 135 Paseo Del Prado Edinburg, TX 78539	
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 Office Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/07/2024	Candidate/Officeholder name DEBC	
Amount (\$) \$925.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 135 Paseo Del Prado Edinburg, TX 78539	
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 Office Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 21/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/04/2024	5 Payee name DEBC	
6 Amount (\$) \$925.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 135 Paseo Del Prado Edinburg, TX 78539	
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 Office Rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2024	Payee name East Ocean Cafe	
Amount (\$) \$48.65 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4431 S Jackson Rd Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2024	Payee name East Ocean Cafe	
Amount (\$) \$16.75 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4431 S Jackson Rd Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
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: 22/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/23/2024	5 Payee name East Ocean Cafe	
6 Amount (\$) \$33.83 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4431 S Jackson Rd Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/29/2024	Candidate/Officeholder name Fiverr	
Amount (\$) \$66.06 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 Broadway New York, NY 10013	
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 design costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/29/2024	Candidate/Officeholder name Fiverr	
Amount (\$) \$61.51 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 Broadway New York, NY 10013	
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 design costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 23/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/30/2024	5 Payee name Fiverr	
6 Amount (\$) \$31.81 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 401 Broadway New York, NY 10013	
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 design costs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/30/2024	Candidate/Officeholder name Office sought Office held	
Payee name Fiverr		
Amount (\$) \$30.96 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 Broadway New York, NY 10013	
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 design costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/02/2024	Candidate/Officeholder name Office sought Office held	
Payee name Fiverr		
Amount (\$) \$18.83 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 Broadway New York, NY 10013	
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 design costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 24/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/05/2024	5 Payee name Fiverr	
6 Amount (\$) \$82.06 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 401 Broadway New York, NY 10013	
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 design costs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2024	Payee name Fiverr	
Amount (\$) \$60.34 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 Broadway New York, NY 10013	
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 design costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2024	Payee name GOSQ.Com	
Amount (\$) \$79.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 252 W 38th St New York, NY 10018	
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 Staffing Support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate, Jane (Ms.)	Office sought Office held State Senator Place 11 District 5 State Senator District 9

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: 25/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/02/2024	5 Payee name GOSQ.Com	
6 Amount (\$) \$59.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 252 W 38th St New York, NY 10018	
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 Staffing Support
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/02/2024	Candidate/Officeholder name Office sought Office held	
Payee name Gsuite		
Amount (\$) \$30.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/02/2024	Candidate/Officeholder name Office sought Office held	
Payee name Gsuite		
Amount (\$) \$30.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 26/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/03/2024	5 Payee name Gsuite	
6 Amount (\$) \$30.70 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
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 Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/30/2024	Candidate/Officeholder name Office sought Office held	
Payee name Hustle		
Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 548 Market St San Francisco, CA 94104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Hustle		
Amount (\$) \$1,549.54 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 548 Market St San Francisco, CA 94104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 27/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/26/2024	5 Payee name Hustle	
6 Amount (\$) \$725.41 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 548 Market St San Francisco, CA 94104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/23/2024	Candidate/Officeholder name Office sought Office held	
Payee name Hustle		
Amount (\$) \$1,248.41 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 548 Market St San Francisco, CA 94104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/25/2024	Candidate/Officeholder name Office sought Office held	
Payee name Hustle		
Amount (\$) \$472.84 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 548 Market St San Francisco, CA 94104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 28/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/20/2024	5 Payee name Jersey Mike's Subs	
6 Amount (\$) \$28.32 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1708 W University Dr Suite 5 Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/18/2024	Candidate/Officeholder name Office sought Office held	
Payee name Jimmy John's		
Amount (\$) \$26.81 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1504 W Expy 83 m Weslaco, TX 78596	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/2024	Candidate/Officeholder name Office sought Office held	
Payee name Juiceus		
Amount (\$) \$16.07 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1703 W Trenton Rd Suite 115 Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 29/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/06/2024	5 Payee name Juiceus	
6 Amount (\$) \$12.23 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1703 W Trenton Rd Suite 115 Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/16/2024	Candidate/Officeholder name Office sought Office held	
Payee name Juiceus		
Amount (\$) \$61.54 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1703 W Trenton Rd Suite 115 Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/24/2024	Candidate/Officeholder name Office sought Office held	
Payee name Las Vegas Cafe		
Amount (\$) \$47.37 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1101 W Harrison Ave Harlingen, TX 78550	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 30/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/31/2024	5 Payee name Lone Star National Bank	
6 Amount (\$) \$7.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5537 N McColl McAllen, TX 78504	
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 Banking Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/2024	Candidate/Officeholder name Office sought Office held	
Payee name Lone Star National Bank		
Amount (\$) \$7.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5537 N McColl McAllen, TX 78504	
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 Banking Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/27/2024	Candidate/Officeholder name Office sought Office held	
Payee name Lowe's		
Amount (\$) \$257.31 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5700 N 10th St McAllen, TX 78504	
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 Event Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 31/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/19/2024	5 Payee name Lowes	
6 Amount (\$) \$54.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5700 N 10th St Mcallen, TX 78504	
8 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 Canvass Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/20/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$7.56 <input type="checkbox"/> Expenditure from corporate funds	Payee name Lowes Payee address; City; State; Zip Code 5700 N 10th St Mcallen, TX 78504	
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 Canvass Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/04/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$5.59 <input type="checkbox"/> Expenditure from corporate funds	Payee name Lucky Sushi Bar Payee address; City; State; Zip Code 2115 W Trenton Rd Edinburg, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 32/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/29/2024	5 Payee name Mega.nz	
6 Amount (\$) \$108.69 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 120 Albert St Auckland NI 00600 New Zealand	
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 Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/29/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$3.26 <input type="checkbox"/> Expenditure from corporate funds	Payee name Mega.nz Payee address; City; State; Zip Code 120 Albert St Auckland NI 00600 New Zealand	
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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/23/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$10.81 <input type="checkbox"/> Expenditure from corporate funds	Payee name Microsoft Payee address; City; State; Zip Code 1 Microsoft Way Redmond, WA 98052	
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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 33/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/20/2024	5 Payee name Microsoft	
6 Amount (\$) \$21.64 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1 Microsoft Way Redmond, WA 98052	
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 Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/23/2024	Candidate/Officeholder name Office sought Office held	
Payee name Microsoft		
Amount (\$) \$10.81 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 Microsoft Way Redmond, WA 98052	
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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/20/2024	Candidate/Officeholder name Office sought Office held	
Payee name Microsoft		
Amount (\$) \$21.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 Microsoft Way Redmond, WA 98052	
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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 34/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/24/2024	5 Payee name Microsoft	
6 Amount (\$) \$10.81 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1 Microsoft Way Redmond, WA 98052	
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 Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2024	Payee name Murphy USA	
Amount (\$) \$44.87 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 215 E Expressway 83 Weslaco, TX 78596	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/06/2024	Payee name Olivarez, Arturo	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5317 Remington Drive Harlingen, TX 78552	
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 Labor
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: 35/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/04/2024	5 Payee name Olivarez, Arturo	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5317 Remington Drive Harlingen, TX 78552	
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 Labor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/12/2024	Candidate/Officeholder name Olive Garden	
Amount (\$) \$83.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7812 N. 10th McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/17/2024	Candidate/Officeholder name Pappadeaux Seafood Kitchen	
Amount (\$) \$398.81 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1610 W Expy 83 Pharr, TX 78577	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 36/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/20/2024	5 Payee name Pho Houston	
6 Amount (\$) \$87.57 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 139 W Nolana Ave McAllen, TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/20/2024	Candidate/Officeholder name	Office sought
Payee name Pho Houston	Office held	
Amount (\$) \$2.17 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 139 W Nolana Ave McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/05/2024	Candidate/Officeholder name	Office sought
Payee name Public Research Group	Office held	
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 135 Paseo Del Prado Edinburg, TX 78539	
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 BTB
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: 37/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/05/2024	5 Payee name Public Research Group	
6 Amount (\$) \$975.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 135 Paseo Del Prado Edinburg, TX 78539	
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 BTB
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/21/2024	Candidate/Officeholder name Office sought Office held	
Payee name Public Research Group		
Amount (\$) \$625.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 135 Paseo Del Prado Edinburg, TX 78539	
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 BTB
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/03/2024	Candidate/Officeholder name Office sought Office held	
Payee name Public Research Group		
Amount (\$) \$850.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 135 Paseo Del Prado Edinburg, TX 78539	
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 BTB
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 38/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/19/2024	5 Payee name Public Research Group	
6 Amount (\$) \$675.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 135 Paseo Del Prado Edinburg, TX 78539	
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 BTB
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2024	Payee name Red Lobster	
Amount (\$) \$134.08 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7617 N. 10th Street McAllen, TX 78503	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/09/2024	Payee name Rolling Stone	
Amount (\$) \$7.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 475 5th Avenue New York, NY 10017	
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 Subscription
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: 39/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/09/2024	5 Payee name Rolling Stone	
6 Amount (\$) \$7.99 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 475 5th Avenue New York, NY 10017	
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 Subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/09/2024	Candidate/Officeholder name Office sought Office held	
Payee name Rolling Stone		
Amount (\$) \$7.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 475 5th Avenue New York, NY 10017	
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 Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/27/2024	Candidate/Officeholder name Office sought Office held	
Payee name Roosvelt's at 7		
Amount (\$) \$55.89 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 821 N Main St McAllen, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 40/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/23/2024	5 Payee name Shutterstock	
6 Amount (\$) \$21.65 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 350 Fifth Avenue New York, NY 10118	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 design costs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2024	Payee name Small PDF	
Amount (\$) \$12.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 101 West Renner Road Richardson, TX 75082	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 design costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/25/2024	Payee name Spectrum	
Amount (\$) \$120.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
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 office utilities
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: 41/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/26/2024	5 Payee name Spectrum	
6 Amount (\$) \$120.62 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
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 office utilities
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2024	Payee name Spectrum	
Amount (\$) \$120.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
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 office utilities
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/26/2024	Payee name Staples	
Amount (\$) \$24.89 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 405 N Jackson Rd Pharr, TX 78577	
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 event supplies
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: 42/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/10/2024	5 Payee name Starbucks	
6 Amount (\$) \$5.03 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7017 N. 10th Street McAllen, TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/25/2024	Candidate/Officeholder name Office sought Office held	
Payee name Stripes		
Amount (\$) \$57.04 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3703 S Closner Blvd Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel Costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/05/2024	Candidate/Officeholder name Office sought Office held	
Payee name Stripes		
Amount (\$) \$46.57 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3703 S Closner Blvd Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel Costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 43/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/12/2024	5 Payee name Stripes	
6 Amount (\$) \$43.44 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3703 S Closner Blvd Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel Costs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/14/2024	Candidate/Officeholder name Office sought Office held	
Payee name Stripes		
Amount (\$) \$19.26 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3703 S Closner Blvd Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel Costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/26/2024	Candidate/Officeholder name Office sought Office held	
Payee name Stripes		
Amount (\$) \$23.04 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3703 S Closner Blvd Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel Costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 44/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/29/2024	5 Payee name Stripes	
6 Amount (\$) \$57.42 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3703 S Closner Blvd Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel Costs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/05/2024	Candidate/Officeholder name Taco Bell	
Amount (\$) \$14.92 <input type="checkbox"/> Expenditure from corporate funds	Office sought 6617 N 10th St McAllen, TX 78505	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/05/2024	Candidate/Officeholder name Target	
Amount (\$) \$178.75 <input type="checkbox"/> Expenditure from corporate funds	Office sought 7400 N 10th St McAllen, TX 78504	
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 Event Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 45/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/23/2024	5 Payee name Texas Democratic Party	
6 Amount (\$) \$1,299.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 15707 Austin, TX 78761	
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 Data
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/27/2024	Candidate/Officeholder name Office sought Office held	
Payee name Texas Democratic Party		
Amount (\$) \$1,299.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 15707 Austin, TX 78761	
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 Data
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/27/2024	Candidate/Officeholder name Office sought Office held	
Payee name Texas Democratic Party		
Amount (\$) \$226.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 15707 Austin, TX 78761	
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 Data
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/27/2024	Candidate/Officeholder name Office sought Office held	
Payee name Texas Democratic Party		
Amount (\$) \$226.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 15707 Austin, TX 78761	
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 Data
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 46/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/17/2024	5 Payee name Texas Monthly	
6 Amount (\$) \$18.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 816 Congress Ave Austin, TX 78701	
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 Subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2024	Payee name Ticketmaster	
Amount (\$) \$853.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 9348 Civic Center Drive Beverly Hills, CA 90210	
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 Event Cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2024	Payee name Vermillion	
Amount (\$) \$21.87 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 115 Paredes Line Rd Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
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: 47/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/05/2024	5 Payee name Vermillion	
6 Amount (\$) \$25.52 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 115 Paredes Line Rd Brownsville, TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2024	Payee name Walmart	
Amount (\$) \$210.87 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1421 E Frontage Rd Alamo, TX 78516	
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 Canvass Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2024	Payee name Walmart	
Amount (\$) \$43.78 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1421 E Frontage Rd Alamo, TX 78516	
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 Canvass Supplies
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: 48/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/12/2024	5 Payee name Walmart	
6 Amount (\$) \$38.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1421 E Frontage Rd Alamo, TX 78516	
8 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 Canvass Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2024	Payee name Walmart	
Amount (\$) \$51.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1421 E Frontage Rd Alamo, TX 78516	
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 Canvass Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2024	Payee name Walmart	
Amount (\$) \$34.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1421 E Frontage Rd Alamo, TX 78516	
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 Canvass Supplies
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: 49/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/26/2024	5 Payee name Walmart	
6 Amount (\$) \$47.39 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1421 E Frontage Rd Alamo, TX 78516	
8 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 Canvass Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2024	Payee name Wendy's	
Amount (\$) \$8.11 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1108 E Jackson Ave McAllen, TX 78503	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2024	Payee name Whataburger	
Amount (\$) \$33.08 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7101 N 10th St McAllen, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
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: 50/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/03/2024	5 Payee name Wix.com	
6 Amount (\$) \$38.97 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 100 Gansevoort St New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/05/2024	Payee name Wix.com	
Amount (\$) \$38.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 Gansevoort St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/03/2024	Payee name Wix.com	
Amount (\$) \$38.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 Gansevoort St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 51/51 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/22/2024	5 Payee name Zamoras Restaurant	
6 Amount (\$) \$45.78 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4504 W Monte Cristo Rd Edinburg, TX 78541	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held