

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00081543	2 Total pages filed: 96	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Erin A.	MI 	<b>OFFICE USE ONLY</b>  Date Received ELECTRONICALLY FILED 10/07/2024
	NICKNAME	LAST Zwiener	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 184  Driftwood, TX 78619			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Zwiener	MI 	
	NICKNAME	LAST Erin A.	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 900 S. Creekwood Dr.  Driftwood, TX 78619			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 842-7173			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2024 09/26/2024			
10 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	
11 OFFICE	OFFICE HELD (if any) State Representative District 45		12 OFFICE SOUGHT (if known) State Representative District 45	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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13 C / OH NAME	Zwiener, Erin A. (The Honorable)	14 Filer ID	(Ethics Commission Filers)
		00081543	

15 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input checked="" type="checkbox"/> GENERAL	TREPAC
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		1115 San Jacinto Blvd., Ste. 200  Austin, TX 78701
	COMMITTEE CAMPAIGN TREASURER NAME	Cantu, Leslie
	COMMITTEE CAMPAIGN TREASURER ADDRESS	P.O. Box 2246  Austin, TX 78768

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	53,316.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	791.15
	4. TOTAL POLITICAL EXPENDITURES	\$	32,992.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	18,603.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

## 17 AFFIDAVIT

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

The Honorable Erin A. Zwiener

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Zwiener, Erin A. (The Honorable)		<b>19 Filer ID</b> (Ethics Commission Filers) 00081543
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 53,316.50
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 E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 32,992.73
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/75 Rpt: 4/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, JOHN <b>6</b> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, JOHN Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, JOHN Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, JOHN Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, JOHN Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/75 Rpt: 5/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ackert, Elizabeth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610-2783	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Leonard <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-3311	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aidala, Heather <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-5495	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Boone Humphries Robinson LLP <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027-7537	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Joan <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94115-5102	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/75 Rpt: 6/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altmiller, Eileen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610-1405	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amaya, Liz <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-7820	Amount of Contribution (\$)  \$10.00
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#: _____) Andrews, Pamela <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-7780	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apirian, Marilyn <hr/> Contributor address; City; State; Zip Code  Arnold, MD 21012-2417	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apirian, Marilyn <hr/> Contributor address; City; State; Zip Code  Arnold, MD 21012-2417	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/75 Rpt: 7/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apirian, Marilyn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arnold, MD 21012-2417	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ardalan, Ard <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-1003	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Artz, David <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-5125	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/75 Rpt: 8/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balcombe, April Contributor address; City; State; Zip Code  Austin, TX 78737-4531	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/75 Rpt: 9/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balcombe, April <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-4531	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balcombe, April Contributor address; City; State; Zip Code  Austin, TX 78737-4531	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balcombe, April Contributor address; City; State; Zip Code  Austin, TX 78737-4531	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balcombe, April Contributor address; City; State; Zip Code  Austin, TX 78737-4531	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balcombe, April Contributor address; City; State; Zip Code  Austin, TX 78737-4531	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/75 Rpt: 10/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Martha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640-2016	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Shelley <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79761-2234	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Shelley <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79761-2234	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Stacy Diane <hr/> Contributor address; City; State; Zip Code  Driftwood, TX 78619-0054	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhatt, Bhuvanesh <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78240-3262	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/75 Rpt: 11/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boren, Ryan C. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3709	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

  

Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boren, Ryan C. <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3709	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boren, Ryan C. <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3709	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brentwood Public Affairs <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2102	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brickell, Edie <hr/> Contributor address; City; State; Zip Code  White Plains, NY 10601-1807	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/75 Rpt: 12/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridge, Lynn <hr/> <b>6</b> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3981	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridge, Lynn <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3981	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridge, Lynn <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3981	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brower, Patt <hr/> Contributor address; City; State; Zip Code Redding, CA 96003-1879	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchanan, Lillian <hr/> Contributor address; City; State; Zip Code Austin, TX 78702-2834	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/75 Rpt: 13/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchanan, Lillian <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702-2834	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchanan, Lillian Contributor address; City; State; Zip Code  Austin, TX 78702-2834	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Judith Contributor address; City; State; Zip Code  Buda, TX 78610-2513	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Judith Contributor address; City; State; Zip Code  Buda, TX 78610-2513	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Judith Contributor address; City; State; Zip Code  Buda, TX 78610-2513	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/75 Rpt: 14/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Randy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78763-5352	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvert, Larry <hr/> Contributor address; City; State; Zip Code  Wimberley, TX 78676-5534	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Dixie <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-0163	Amount of Contribution (\$)  \$2,000.00
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#: _____) Carriker, Kathy D <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-1113	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-1113	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/75 Rpt: 15/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <b>6</b> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/75 Rpt: 16/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D <b>6</b> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	<b>7</b> Amount of Contribution (\$) \$20.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Steven Contributor address; City; State; Zip Code Dripping Springs, TX 78620-1113	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Case, Margo Contributor address; City; State; Zip Code San Marcos, TX 78666-1001	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Case, Margo Contributor address; City; State; Zip Code San Marcos, TX 78666-1001	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/75 Rpt: 17/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassidy, Cindy & John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Driftwood, TX 78619-4242	<b>7</b> Amount of Contribution (\$)  \$525.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cato, Michael <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-2867	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cauduro, Michelle <hr/> Contributor address; City; State; Zip Code  Creedmoor, TX 78610-5124	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00397851</u> ) Centene Corporation PAC <hr/> Contributor address; City; State; Zip Code  Saint Louis, MO 63105-1807	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Deborah <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-3838	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/75 Rpt: 18/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Deborah <b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610-3838	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Deborah Contributor address; City; State; Zip Code  Buda, TX 78610-3838	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Thomas Contributor address; City; State; Zip Code  San Marcos, TX 78666-4952	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor Contributor address; City; State; Zip Code  San Marcos, TX 78666-2298	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor Contributor address; City; State; Zip Code  San Marcos, TX 78666-2298	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/75 Rpt: 19/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-2298	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-2298	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-2298	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-2298	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clowder, Nell <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-9522	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/75 Rpt: 20/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofer, George <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746-5507	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colburn, Laura <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-4858	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colburn, Laura <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-4858	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Elliot <hr/> Contributor address; City; State; Zip Code  Ridgewood, NY 11385-5741	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Congress Avenue Partners PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-1223	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/75 Rpt: 21/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connell, Ann <b>6</b> Contributor address; City; State; Zip Code Driftwood, TX 78619-0039	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen Contributor address; City; State; Zip Code Austin, TX 78746-4115	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen Contributor address; City; State; Zip Code Austin, TX 78746-4115	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen Contributor address; City; State; Zip Code Austin, TX 78746-4115	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Susan Contributor address; City; State; Zip Code Driftwood, TX 78619-9151	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/75 Rpt: 22/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Cody <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-5478	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

  

Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Cody <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-5478	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Jeff <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723-5377	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Jeff <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723-5377	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cueva, Antonio <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-3086	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/75 Rpt: 23/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, HARVEY <hr/> <b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610-9325	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

  

Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, HARVEY <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-9325	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doerr, David <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-5338	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doerr, David <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-5338	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doerr, David <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-5338	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/75 Rpt: 24/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-9022	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

  

Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunnington, Joel <hr/> Contributor address; City; State; Zip Code  Timnath, CO 80547-4486	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Earl, Richard A. <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-1147	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty <hr/> Contributor address; City; State; Zip Code  Johnson City, TX 78636-1504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty <hr/> Contributor address; City; State; Zip Code  Johnson City, TX 78636-1504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/75 Rpt: 25/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty <hr/> <b>6</b> Contributor address; City; State; Zip Code  Johnson City, TX 78636-1504	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

  

Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty <hr/> Contributor address; City; State; Zip Code  Johnson City, TX 78636-1504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty <hr/> Contributor address; City; State; Zip Code  Johnson City, TX 78636-1504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Gerald <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-5129	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Gerald <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-5129	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/75 Rpt: 26/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Gerald <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-5129	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745-2084	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745-2084	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745-2084	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745-2084	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/75 Rpt: 27/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FitzPatrick, Shannon <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78667-0832	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FitzPatrick, Shannon <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78667-0832	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Focused Advocacy PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2442	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fridrich, Pamela <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-2517	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frohlich, Penelope <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-9051	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/75 Rpt: 28/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frohlich, Penelope <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-9051	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frohlich, Penelope Contributor address; City; State; Zip Code  Austin, TX 78737-9051	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaboury, Matt Contributor address; City; State; Zip Code  South Bend, IN 46614-3531	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaboury, Matt Contributor address; City; State; Zip Code  South Bend, IN 46614-3531	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaboury, Matt Contributor address; City; State; Zip Code  South Bend, IN 46614-3531	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/75 Rpt: 29/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaddis, Marilyn Tyler <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-1110	<b>7</b> Amount of Contribution (\$)  \$125.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaddis, Marilyn Tyler Contributor address; City; State; Zip Code  San Marcos, TX 78666-1110	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Nora Contributor address; City; State; Zip Code  Buda, TX 78610-3072	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Mark Contributor address; City; State; Zip Code  Kyle, TX 78640-6120	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Mark Contributor address; City; State; Zip Code  Kyle, TX 78640-6120	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/75 Rpt: 30/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Mark <b>6</b> Contributor address; City; State; Zip Code Kyle, TX 78640-6120	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Mark Contributor address; City; State; Zip Code Kyle, TX 78640-6120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garemkko, Emilie Contributor address; City; State; Zip Code Buford, GA 30519-5374	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garemkko, Kelly Contributor address; City; State; Zip Code Austin, TX 78749-4115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Gary Contributor address; City; State; Zip Code Kyle, TX 78640-3029	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/75 Rpt: 31/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Gary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640-3029	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

  

Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Gary <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-3029	Amount of Contribution (\$)  \$50.00
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#: _____) Glenn, Russell <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-4017	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn, Russell <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-4017	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gmitter, Milinda <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-3132	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/75 Rpt: 32/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goforth, Patricia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78750-3441	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gondol, John <hr/> Contributor address; City; State; Zip Code  Holly Lake Ranch, TX 75765-7179	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gondol, John <hr/> Contributor address; City; State; Zip Code  Holly Lake Ranch, TX 75765-7179	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gondol, John <hr/> Contributor address; City; State; Zip Code  Holly Lake Ranch, TX 75765-7179	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Cynthia I <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78667-1480	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/75 Rpt: 33/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodson, Paula <hr/> <b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610-3223	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodson, Paula <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-3223	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodson, Paula <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-3223	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Jude <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-3725	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILLCO PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2458	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/75 Rpt: 34/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Paul <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78727-6870	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Paul Contributor address; City; State; Zip Code  Austin, TX 78727-6870	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Paul Contributor address; City; State; Zip Code  Austin, TX 78727-6870	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Genest Contributor address; City; State; Zip Code  Kyle, TX 78640-5663	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Genest Contributor address; City; State; Zip Code  Kyle, TX 78640-5663	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/75 Rpt: 35/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Genest <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640-5663	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Genest <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-5663	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Lauralee <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-1232	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Lauralee <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-1232	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartoin, Dana <hr/> Contributor address; City; State; Zip Code  Wimberley, TX 78676-4619	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/75 Rpt: 36/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haschke, Donna <b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610-2827	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haschke, Gerald Contributor address; City; State; Zip Code  Buda, TX 78610-2827	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haschke, Gerald Contributor address; City; State; Zip Code  Buda, TX 78610-2827	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hausenfluck, Amber Contributor address; City; State; Zip Code  Austin, TX 78704-1060	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hausler, Tom Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-4057	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/75 Rpt: 37/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Nicole <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-8042	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hejny, Margaret Contributor address; City; State; Zip Code  Johnson City, TX 78636-4234	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Kelly Contributor address; City; State; Zip Code  Austin, TX 78727-6416	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Kelly Contributor address; City; State; Zip Code  Austin, TX 78727-6416	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Jay Contributor address; City; State; Zip Code  Austin, TX 78726-1375	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/75 Rpt: 38/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Jay <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78726-1375	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hisssam, Timothy <hr/> Contributor address; City; State; Zip Code  Pflugerville, TX 78660-7915	Amount of Contribution (\$)  \$8.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hisssam, Timothy <hr/> Contributor address; City; State; Zip Code  Pflugerville, TX 78660-7915	Amount of Contribution (\$)  \$8.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hisssam, Timothy <hr/> Contributor address; City; State; Zip Code  Pflugerville, TX 78660-7915	Amount of Contribution (\$)  \$8.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holman, Sully <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-3636	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/75 Rpt: 39/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holman, Sully <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-3636	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

  

Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holman, Sully <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-3636	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holman, Sully <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-3636	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hormann, Shana <hr/> Contributor address; City; State; Zip Code  Waco, TX 76708-2368	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishibashi, Susie <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-6513	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/75 Rpt: 40/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishibashi, Susie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640-6513	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishibashi, Susie <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-6513	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishibashi, Susie <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-6513	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Dee <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-4640	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Ann <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-1042	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/75 Rpt: 41/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lucy <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-2870	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lucy <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-2870	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lucy <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-2870	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lucy <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-2870	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, William <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-8652	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) investor		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/75 Rpt: 42/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Melissa <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-4013	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juarez, Ana Contributor address; City; State; Zip Code  San Marcos, TX 78666-8884	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapral, Lucinda Contributor address; City; State; Zip Code  Austin, TX 78737-9110	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufmann, Jeffrey Contributor address; City; State; Zip Code  Buda, TX 78610-2613	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaura, Jana Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3943	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/75 Rpt: 43/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaura, Jana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3943	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaura, Jana <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3943	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Russell <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2152	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) lobbyist		Employer (See Instructions) Blackridge
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kling, Kelsey Altom <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kling, Kelsey Altom <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/75 Rpt: 44/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kling, Kelsey Altom <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kobylus, Karen <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-5079	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kozma, Andrew <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-5431	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Large-Plasencia, Carolyn <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-5667	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laumer, Diane <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-2270	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/75 Rpt: 45/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laumer, Diane <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-2270	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

  

Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leatherwood, Rob <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-3845	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leatherwood, Rob <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-3845	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leatherwood, Rob <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-3845	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levin, ilan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-3420	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/75 Rpt: 46/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liddle, Melanie <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-4920	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

  

Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liddle, Melanie <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-4920	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luton, Pamela <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-8901	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison <hr/> Contributor address; City; State; Zip Code  Denton, TX 76210-4637	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison <hr/> Contributor address; City; State; Zip Code  Denton, TX 76210-4637	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/75 Rpt: 47/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manassian, Taline <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3794	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

  

Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manassian, Taline <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3794	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangan, Karen <hr/> Contributor address; City; State; Zip Code  Blanco, TX 78606-1656	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangan, Karen <hr/> Contributor address; City; State; Zip Code  Blanco, TX 78606-1656	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangan, Karen <hr/> Contributor address; City; State; Zip Code  Blanco, TX 78606-1656	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/75 Rpt: 48/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640-2226	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

  

Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-2226	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-2226	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-2226	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-2226	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/75 Rpt: 49/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marston, Jim D <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-1645	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCabe, Diann <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-3451	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElveen, Katherine <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-2817	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Carol <hr/> Contributor address; City; State; Zip Code  Cypress Mill, TX 78663-8606	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Carol <hr/> Contributor address; City; State; Zip Code  Cypress Mill, TX 78663-8606	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/75 Rpt: 50/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Carol <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cypress Mill, TX 78663-8606	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McQueen, Penley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750-3122	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meagher, Aedin <hr/> Contributor address; City; State; Zip Code  Manchaca, TX 78652-4166	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meagher, Aedin <hr/> Contributor address; City; State; Zip Code  Manchaca, TX 78652-4166	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00863134) Merck PAC <hr/> Contributor address; City; State; Zip Code  Washington, DC 20004-2601	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/75 Rpt: 51/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merrill, Michael & Stephanie <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-4735	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merritt, Marlene Contributor address; City; State; Zip Code  Austin, TX 78751-3730	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merritt, Marlene Contributor address; City; State; Zip Code  Austin, TX 78751-3730	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merritt, Marlene Contributor address; City; State; Zip Code  Austin, TX 78751-3730	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montoya, Celina Contributor address; City; State; Zip Code  San Antonio, TX 78209-5185	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/75 Rpt: 52/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Marsha <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-2523	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, James and Rosemary <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-8781	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Pamala <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-2840	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newlan, Nichole <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-4529	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newlan, Nichole <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-4529	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/75 Rpt: 53/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newlan, Nichole <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-4529	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Harry <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-1469	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Monica <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-5316	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Carolyn <hr/> Contributor address; City; State; Zip Code  Lakeway, TX 78738-6092	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norton, Lorraine <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-2742	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/75 Rpt: 54/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nuss, Melynda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-5056	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

  

Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nuss, Melynda <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-5056	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Shaughnessy, Marc <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-9013	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oney, Thomas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78756-1808	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARKER, JAMES <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-1438	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/75 Rpt: 55/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paredes, Jose <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-8884	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pennington, Debra <hr/> Contributor address; City; State; Zip Code  Austin, TX 78716-0610	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perri, Shannon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745-6825	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perri, Shannon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745-6825	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perri, Shannon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745-6825	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/75 Rpt: 56/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Carol <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollard, Gareth <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-9030	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Clay <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-1721	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pylr, Andrew <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751-3040	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Jo <hr/> Contributor address; City; State; Zip Code  Wimberley, TX 78676-5224	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/75 Rpt: 57/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Jackie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640-8926	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Jackie <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-8926	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Jackie <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-8926	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivers, Richel <hr/> Contributor address; City; State; Zip Code  Wimberley, TX 78676-4301	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rives, Staci <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-3637	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/75 Rpt: 58/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Suzanne <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-4638	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Suzanne Contributor address; City; State; Zip Code  Austin, TX 78737-4638	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Suzanne Contributor address; City; State; Zip Code  Austin, TX 78737-4638	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocap, Blake Contributor address; City; State; Zip Code  Austin, TX 78731-5435	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Maria Contributor address; City; State; Zip Code  San Marcos, TX 78666-8346	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/75 Rpt: 59/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Linda Ann <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640-4048	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Marc A. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2132	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Dayna <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-3452	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Dayna <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-3452	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Dayna <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-3452	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/75 Rpt: 60/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scalan, Genevieve <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-4715	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Joel <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-5024	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidel, Diana M <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-8623	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidel, Diana M <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-8623	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidel, Diana M <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-8623	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/75 Rpt: 61/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidel, Diana M <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-8623	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seligman, Charles Contributor address; City; State; Zip Code  Austin, TX 78737-9048	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seligman, Charles Contributor address; City; State; Zip Code  Austin, TX 78737-9048	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seligman, Charles Contributor address; City; State; Zip Code  Austin, TX 78737-9048	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serda, Julian Contributor address; City; State; Zip Code  Buda, TX 78610-2103	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/75 Rpt: 62/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-9067	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-9067	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-9067	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry J <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-9067	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry J <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-9067	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/75 Rpt: 63/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry J <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-9067	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-2304	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-2304	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosby, Karen Contributor address; City; State; Zip Code  Wimberley, TX 78676-5863	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soukup, Stephanie Contributor address; City; State; Zip Code  Kyle, TX 78640-9212	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/75 Rpt: 64/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanford, Patricia <b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640-3118	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanford, Patricia Contributor address; City; State; Zip Code  Kyle, TX 78640-3118	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanford, Patricia Contributor address; City; State; Zip Code  Kyle, TX 78640-3118	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Briana Contributor address; City; State; Zip Code  Buda, TX 78610-5123	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Briana Contributor address; City; State; Zip Code  Buda, TX 78610-5123	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/75 Rpt: 65/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Briana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610-5123	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Deborah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78727-6912	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Story, Barbara <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-4643	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Story, Barbara <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-4643	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Story, Barbara <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-4643	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/75 Rpt: 66/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz <b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610-2914	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz Contributor address; City; State; Zip Code  Buda, TX 78610-2914	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz Contributor address; City; State; Zip Code  Buda, TX 78610-2914	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz Contributor address; City; State; Zip Code  Buda, TX 78610-2914	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz Contributor address; City; State; Zip Code  Buda, TX 78610-2914	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/75 Rpt: 67/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz <hr/> <b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610-2914	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

  

Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-2914	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudela, Eileen <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-6070	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudela, Eileen <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-6070	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudela, Eileen <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-6070	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/75 Rpt: 68/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Telford, Judith M <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-6400	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tennyson, Susan <hr/> Contributor address; City; State; Zip Code  Wimberley, TX 78676-0615	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Apartment Association PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-1951	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Realtors PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78768-2246	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Women <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-0024	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/75 Rpt: 69/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-1828	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

  

Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-9119	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-9119	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-9119	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeff <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-6466	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/75 Rpt: 70/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeff <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640-6466	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeff <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-6466	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrash, Karen <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-5486	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrash, Karen <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-5486	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrash, Karen <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-5486	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/75 Rpt: 71/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrash, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-5486	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

  

Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrash, Karen <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-5486	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrash, Karen <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-5486	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UPCHURCH, GARLAND <hr/> Contributor address; City; State; Zip Code  Broomfield, CO 80023-6413	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UPCHURCH, GARLAND <hr/> Contributor address; City; State; Zip Code  Broomfield, CO 80023-6413	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/75 Rpt: 72/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/26/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00010470 ) Union Pacific Corporation Fund for Effective Government <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20005-6621	<b>7</b> Amount of Contribution (\$)  \$2,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Vance, Mary <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-8783	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Vasziy, John <hr/> Contributor address; City; State; Zip Code  Cave Creek, AZ 85331-9033	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) WISEMAN, LISA <hr/> Contributor address; City; State; Zip Code  Austin, TX 78733-6347	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Waite Dr, Duncan <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78667-0931	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/75 Rpt: 73/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Robert <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-1018	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Robert Contributor address; City; State; Zip Code  San Marcos, TX 78666-1018	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Robert Contributor address; City; State; Zip Code  San Marcos, TX 78666-1018	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Michael Contributor address; City; State; Zip Code  Kyle, TX 78640-2120	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Michael Contributor address; City; State; Zip Code  Kyle, TX 78640-2120	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/75 Rpt: 74/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640-2120	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walther, Sharon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78758-4573	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warder, Melissa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-4516	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warder, Melissa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-4516	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warder, Melissa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-4516	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/75 Rpt: 75/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warder, Melissa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-4516	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Richard <hr/> Contributor address; City; State; Zip Code  Blanco, TX 78606-4980	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Janna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-8528	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Janna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-8528	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wernecke, Ellen <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60657-5200	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/75 Rpt: 76/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wernecke, Ellen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Chicago, IL 60657-5200	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wernecke, Ellen <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60657-5200	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Suzanne <hr/> Contributor address; City; State; Zip Code  Wimberley, TX 78676-4005	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Barbara <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666-6307	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Diana <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-9734	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/75 Rpt: 77/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worley, Adelina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-4606	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Patrick <hr/> Contributor address; City; State; Zip Code  Silsbee, TX 77656-6641	Amount of Contribution (\$)  \$27.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Patrick <hr/> Contributor address; City; State; Zip Code  Silsbee, TX 77656-6641	Amount of Contribution (\$)  \$27.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Patrick <hr/> Contributor address; City; State; Zip Code  Silsbee, TX 77656-6641	Amount of Contribution (\$)  \$27.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Perry <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610-3264	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/75 Rpt: 78/96
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuracka, Cat <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-4132	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeller, Charles Peretz Contributor address; City; State; Zip Code  Austin, TX 78733-3243	Amount of Contribution (\$)  \$260.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) deGraffenried, Les Contributor address; City; State; Zip Code  Alpine, TX 79830-5020	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) deGraffenried, Les Contributor address; City; State; Zip Code  Alpine, TX 79830-5020	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) deGraffenried, Les Contributor address; City; State; Zip Code  Alpine, TX 79830-5020	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/18 Rpt: 79/96	<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/22/2024	<b>5</b> Payee name AT&T	
<b>6</b> Amount (\$) \$189.42	<b>7</b> Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202-4206	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense telephone service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2024	Payee name AT&T	
Amount (\$) \$189.46	Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202-4206	
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 telephone service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/07/2024	Payee name ActBlue	
Amount (\$) \$12.68	Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete <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.

<b>1</b> Total pages Schedule F1: Sch: 2/18 Rpt: 80/96	<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/14/2024	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$12.34	<b>7</b> Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
<b>9</b> 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 (\$) \$23.48	Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2024	Payee name ActBlue	
Amount (\$) \$44.91	Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete <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.

<b>1</b> Total pages Schedule F1: Sch: 3/18 Rpt: 81/96	<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/04/2024	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$37.44	<b>7</b> Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
<b>9</b> 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 (\$) \$22.02	Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2024	Payee name ActBlue	
Amount (\$) \$30.29	Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete <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.

<b>1</b> Total pages Schedule F1: Sch: 4/18 Rpt: 82/96	<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/25/2024	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$47.11	<b>7</b> Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
<b>9</b> 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 (\$) \$30.01	Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2024	Payee name ActBlue	
Amount (\$) \$16.85	Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete <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.

<b>1</b> Total pages Schedule F1: Sch: 5/18 Rpt: 83/96	<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/15/2024	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$275.67	<b>7</b> Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2024	Payee name ActBlue	
Amount (\$) \$671.35	Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2024	Payee name Agave Democratic Infrastructure Fund	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 50317  Austin, TX 78763-0317	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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.

<b>1</b> Total pages Schedule F1: Sch: 6/18 Rpt: 84/96	<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/31/2024	<b>5</b> Payee name Arredondo, Juan	
<b>6</b> Amount (\$) \$231.31	<b>7</b> Payee address; City; State; Zip Code 200 Patricia Dr  San Marcos, TX 78666-7735	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/12/2024	Candidate/Officeholder name Office sought Office held	
Payee name Blue Scout Digital		
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2505 Royal Birkdale Dr  Plano, TX 75025-5067	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/21/2024	Candidate/Officeholder name Office sought Office held	
Payee name Blue Scout Digital		
Amount (\$) \$750.00	Payee address; City; State; Zip Code 2505 Royal Birkdale Dr  Plano, TX 75025-5067	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
Complete <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.

<b>1</b> Total pages Schedule F1: Sch: 7/18 Rpt: 85/96	<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/24/2024	<b>5</b> Payee name Blue Scout Digital	
<b>6</b> Amount (\$) \$750.00	<b>7</b> Payee address; City; State; Zip Code 2505 Royal Birkdale Dr  Plano, TX 75025-5067	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/03/2024	Payee name CFC Consulting LLC	
Amount (\$) \$431.76	Payee address; City; State; Zip Code PO Box 301074  Austin, TX 78703-0018	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense compliance consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/19/2024	Payee name CFC Consulting LLC	
Amount (\$) \$350.00	Payee address; City; State; Zip Code PO Box 301074  Austin, TX 78703-0018	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense compliance consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/18 Rpt: 86/96	<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/26/2024	<b>5</b> Payee name CFC Consulting LLC	
<b>6</b> Amount (\$) \$64.50	<b>7</b> Payee address; City; State; Zip Code PO Box 301074  Austin, TX 78703-0018	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense compliance consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Centro Cultural Hispano de San Marcos	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 211 Lee St  San Marcos, TX 78666-6811	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Centro Cultural Hispano de San Marcos	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 211 Lee St  San Marcos, TX 78666-6811	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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.

<b>1</b> Total pages Schedule F1: Sch: 9/18 Rpt: 87/96	<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/09/2024	<b>5</b> Payee name Colin Allred Campaign	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code PO Box 601631  Dallas, TX 75360-1631	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2024	Payee name Compete Digital	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1317 Potomac Ave SE  Washington, DC 20003-4411	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2024	Payee name Compete Digital	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 1317 Potomac Ave SE  Washington, DC 20003-4411	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
Complete <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.

<b>1</b> Total pages Schedule F1: Sch: 10/18 Rpt: 88/96	<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/31/2024	<b>5</b> Payee name Hinojosa, Cynthia Marie	
<b>6</b> Amount (\$) \$4,062.31	<b>7</b> Payee address; City; State; Zip Code 2209 E 19th St  Mission, TX 78572-3248	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Hinojosa, Cynthia Marie	
Amount (\$) \$2,031.15	Payee address; City; State; Zip Code 2209 E 19th St  Mission, TX 78572-3248	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2024	Payee name Hinojosa, Cynthia Marie	
Amount (\$) \$2,031.16	Payee address; City; State; Zip Code 2209 E 19th St  Mission, TX 78572-3248	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
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.

<b>1</b> Total pages Schedule F1: Sch: 11/18 Rpt: 89/96	<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/15/2024	<b>5</b> Payee name IRS	
<b>6</b> Amount (\$) \$1,235.23	<b>7</b> Payee address; City; State; Zip Code DEPARTMENT OF THE TREASURY  Ogden, UT 84201-0001	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll liabilities
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/15/2024	Candidate/Officeholder name Office sought Office held	
Payee name IRS		
Amount (\$) \$1,197.03	Payee address; City; State; Zip Code DEPARTMENT OF THE TREASURY  Ogden, UT 84201-0001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll liabilities
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/16/2024	Candidate/Officeholder name Office sought Office held	
Payee name IRS		
Amount (\$) \$579.37	Payee address; City; State; Zip Code DEPARTMENT OF THE TREASURY  Ogden, UT 84201-0001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll liabilities
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.

<b>1</b> Total pages Schedule F1: Sch: 12/18 Rpt: 90/96	<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/01/2024	<b>5</b> Payee name James, Brandon	
<b>6</b> Amount (\$) \$875.00	<b>7</b> Payee address; City; State; Zip Code 4300 Cromwell Dr  Kyle, TX 78640-6490	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2024	Payee name Laurel for Texas	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code PO Box 6866  San Antonio, TX 78209-0866	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Los Vaqueros	
Amount (\$) \$349.81	Payee address; City; State; Zip Code 1801 S Capital Of Texas Hwy  Austin, TX 78746-6523	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for event
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.

<b>1</b> Total pages Schedule F1: Sch: 13/18 Rpt: 91/96	<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/23/2024	<b>5</b> Payee name Los Vaqueros	
<b>6</b> Amount (\$) \$380.02	<b>7</b> Payee address; City; State; Zip Code 1801 S Capital Of Texas Hwy  Austin, TX 78746-6523	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for event
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2024	Payee name Los Vaqueros	
Amount (\$) \$16.66	Payee address; City; State; Zip Code 1801 S Capital Of Texas Hwy  Austin, TX 78746-6523	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2024	Payee name NGP Van Inc.	
Amount (\$) \$106.60	Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
Complete <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.

<b>1</b> Total pages Schedule F1: Sch: 14/18 Rpt: 92/96	<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/02/2024	<b>5</b> Payee name NGP Van Inc.	
<b>6</b> Amount (\$) \$341.12	<b>7</b> Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/22/2024	Candidate/Officeholder name Office sought Office held	
Payee name NGP Van Inc.		
Amount (\$) \$461.15	Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/03/2024	Candidate/Officeholder name Office sought Office held	
Payee name NGP Van Inc.		
Amount (\$) \$341.12	Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
Complete <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.

<b>1</b> Total pages Schedule F1: Sch: 15/18 Rpt: 93/96	<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/03/2024	<b>5</b> Payee name NGP Van Inc.	
<b>6</b> Amount (\$) \$106.60	<b>7</b> Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	Payee name Phoneburner	
Amount (\$) \$157.05	Payee address; City; State; Zip Code 1968 S Coast Highway Laguna Bch  Laguna Beach, CA 92651	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2024	Payee name Phoneburner	
Amount (\$) \$157.05	Payee address; City; State; Zip Code 1968 S Coast Highway Laguna Bch  Laguna Beach, CA 92651	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising software
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.

<b>1</b> Total pages Schedule F1: Sch: 16/18 Rpt: 94/96	<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/29/2024	<b>5</b> Payee name Phoneburner	
<b>6</b> Amount (\$) \$157.05	<b>7</b> Payee address; City; State; Zip Code 1968 S Coast Highway Laguna Bch  Laguna Beach, CA 92651	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising software
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/14/2024	Payee name San Marcos Pride	
Amount (\$) \$750.00	Payee address; City; State; Zip Code PO Box 1876  San Marcos, TX 78667-1876	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2024	Payee name Scale to Win	
Amount (\$) \$333.83	Payee address; City; State; Zip Code 13742 Harper St  Santa Ana, CA 92703-1419	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense text messages
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.

<b>1</b> Total pages Schedule F1: Sch: 17/18 Rpt: 95/96	<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/11/2024	<b>5</b> Payee name Scooter Promo LLC	
<b>6</b> Amount (\$) \$1,100.00	<b>7</b> Payee address; City; State; Zip Code 1401 Harvest Glen Dr  Plano, TX 75023-6734	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense direct mail
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	Payee name The Hays County Health Department	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 101 Thermon Dr  San Marcos, TX 78666-5948	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation for backpacks
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2024	Payee name Vista Brewing	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 13551 Ranch To Market Rd 15  Driftwood, TX 78619	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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 expenses
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.

<b>1</b> Total pages Schedule F1: Sch: 18/18 Rpt: 96/96	<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/02/2024	<b>5</b> Payee name Wix	
<b>6</b> Amount (\$) \$375.84	<b>7</b> Payee address; City; State; Zip Code 500 Terry A Francois Blvd  San Francisco, CA 94158-2354	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website hosting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2024	Payee name Worley Printing Company Inc	
Amount (\$) \$325.83	Payee address; City; State; Zip Code 3217 N Interstate 35  Austin, TX 78722-2203	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign literature
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held