# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

| The C/OH Instruction          | Guide explains how to comp | lete this form.  | 1 Filer ID<br>(Ethics Commis<br>00081543 | ssion Filers)     | 2 Total pages fi      | led:<br>53                         |
|-------------------------------|----------------------------|------------------|------------------------------------------|-------------------|-----------------------|------------------------------------|
| 3 CANDIDATE /                 | MS / MRS / MR              | FIRST            |                                          | MI                |                       | USE ONLY                           |
| OFFICEHOLDER                  | The Honorable              | Erin A.          |                                          |                   |                       | USE ONE I                          |
| NAME                          |                            |                  |                                          |                   | Date Received         |                                    |
|                               |                            |                  |                                          |                   | ELECTRONIC            | ALLY FILED                         |
|                               | NICKNAME                   | LAST             |                                          | SUFFIX            | 10/28/2024            |                                    |
|                               |                            | Zwiener          |                                          |                   |                       |                                    |
|                               |                            |                  |                                          |                   |                       |                                    |
| 4 CANDIDATE /<br>OFFICEHOLDER | ADDRESS / PO BOX; APT      | SUITE #; CIT     | Y;                                       | ZIP CODE          | Date Hand-delivered o | r Date Postmarked                  |
| MAILING                       | PO Box 184                 |                  |                                          |                   |                       |                                    |
| ADDRESS                       |                            |                  |                                          |                   | Receipt #             | Amount                             |
| Change of Address             | Driftwood, TX 78619        |                  |                                          |                   |                       |                                    |
|                               |                            |                  |                                          |                   | Date Processed        |                                    |
|                               |                            |                  |                                          |                   |                       |                                    |
|                               |                            |                  |                                          |                   | Date Imaged           |                                    |
|                               |                            |                  |                                          |                   |                       |                                    |
| 5 CAMPAIGN                    | MS / MRS / MR              | FIRST            |                                          | MI                |                       |                                    |
| TREASURER<br>NAME             | Ms.                        | Zwiener          |                                          |                   |                       |                                    |
| INAIVIE                       |                            |                  |                                          |                   |                       |                                    |
|                               | NICKNAME                   | LAST             |                                          | SUFFIX            |                       |                                    |
|                               | NICRINAME                  |                  |                                          | SUFFIX            |                       |                                    |
|                               |                            | Erin A.          |                                          |                   |                       |                                    |
|                               |                            |                  |                                          |                   |                       |                                    |
| 6 CAMPAIGN                    | STREET ADDRESS (NO PC      | BOX PLEASE);     | AP                                       | / SUITE #; CITY;  | STA                   | ATE; ZIP CODE                      |
| TREASURER<br>ADDRESS          | 900 S. Creekwood Dr.       |                  |                                          |                   |                       |                                    |
| ADDITESS                      |                            |                  |                                          |                   |                       |                                    |
| (Residence or Business)       | Driftwood, TX 78619        |                  |                                          |                   |                       |                                    |
|                               | Diilwood, 1X 78019         |                  |                                          |                   |                       |                                    |
|                               |                            |                  |                                          |                   |                       |                                    |
| 7 CAMPAIGN                    | AREA CODE PHOI             | NE NUMBER        | EXTENSION                                |                   |                       |                                    |
| TREASURER                     |                            | I NOMBER         | EXTENSION                                |                   |                       |                                    |
| PHONE                         | (512) 842-7173             |                  |                                          |                   |                       |                                    |
|                               |                            |                  |                                          |                   |                       |                                    |
| 8 REPORT<br>TYPE              |                            |                  |                                          | - <i>"</i>        | 1                     |                                    |
|                               | January 15                 | 30th day before  | e election                               | Runoff            | appointment (offi     | mpaign treasurer<br>ceholder only) |
|                               | July 15                    | X 8th day before | election                                 | Exceeded modified | Final Report (Atta    |                                    |
|                               |                            |                  |                                          | reporting limit   | ]                     |                                    |
|                               | Month Day Year             |                  |                                          | Month Day         | Voor                  |                                    |
| 9 PERIOD<br>COVERED           | Month Day Year             | <b>T</b> I       | HROUGH                                   | Month Day         | Year                  |                                    |
| 0012.125                      | 09/27/2024                 | 11               | HROUGH                                   | 10/26/2024        | 4                     |                                    |
|                               |                            | i                |                                          |                   |                       |                                    |
| 10 ELECTION                   | ELECTION DATE              |                  |                                          | ELECTION TYPE     |                       |                                    |
|                               | Month Day Year             |                  | Primary                                  | Runoff            | Other                 |                                    |
|                               | 11/05/2024                 |                  | General                                  | Special           |                       |                                    |
|                               |                            |                  |                                          |                   |                       |                                    |
|                               |                            |                  |                                          |                   | //r                   |                                    |
| 11 OFFICE                     | OFFICE HELD (if any)       |                  |                                          | 12 OFFICE SOUGHT  |                       |                                    |
|                               | State Representative Dist  | NCT 45           |                                          | State Representa  | auve District 45      |                                    |
|                               |                            |                  |                                          |                   |                       |                                    |
|                               | ł                          |                  |                                          | •                 |                       |                                    |
|                               |                            |                  |                                          |                   |                       |                                    |
|                               |                            | ~~~              |                                          |                   |                       |                                    |
|                               |                            | GO               | FO PAGE 2                                |                   |                       |                                    |
| Forms provided by Te          | exas Ethics Commission     | www.et           | thics.state.tx.u                         | 5                 | Vers                  | ion V4.1.0.48da51f7                |

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2 2 of 53

| 13 C / OH NAME                                 | Zwiener, Erin A. (The            | Honorable)                                                                                                                                                       | 14 Filer ID<br>00081543   | (Ethics Commission Filers) |
|------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | olitical contributions accepted or political expendit<br>These expenditures may have been made without<br>I officeholders are required to report this informatio | the candidate's or office | eholder's knowledge or     |
| Additional Pages                               | COMMITTEE TYPE                   | COMMITTEE NAME                                                                                                                                                   |                           |                            |
|                                                | GENERAL                          |                                                                                                                                                                  |                           |                            |
|                                                | _                                | COMMITTEE ADDRESS                                                                                                                                                |                           |                            |
|                                                | SPECIFIC                         |                                                                                                                                                                  |                           |                            |
|                                                |                                  | COMMITTEE CAMPAIGN TREASURER NAME                                                                                                                                |                           |                            |
|                                                |                                  | COMMITTEE CAMPAIGN TREASURER ADDRE                                                                                                                               | SS                        |                            |
| 16 CONTRIBUTION<br>TOTALS                      |                                  | ZED POLITICAL CONTRIBUTIONS (OTHER THA<br>ES OF LOANS, OR CONTRIBUTIONS MADE ELE                                                                                 |                           | \$ 0.00                    |
|                                                |                                  | AL CONTRIBUTIONS<br>PLEDGES, LOANS, OR GUARANTEES OF LOAN                                                                                                        | S)                        | <b>\$</b> 27,555.18        |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL UNITEM                  | ZED POLITICAL EXPENDITURES                                                                                                                                       |                           | <b>\$</b> 358.16           |
|                                                | 4. TOTAL POLITIC                 | AL EXPENDITURES                                                                                                                                                  |                           | <b>\$</b> 29,881.81        |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC<br>REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L<br>RIOD                                                                                                                  | AST DAY OF THE            | <b>\$</b> 29,367.82        |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIP<br>OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS<br>TING PERIOD                                                                                                             | OF THE LAST DAY           | <b>\$</b> 0.00             |
| 17 AFFIDAVIT                                   |                                  |                                                                                                                                                                  |                           |                            |
|                                                |                                  | I swear, or affirm, under penalt<br>true and correct and includes a<br>under Title 15, Election Code.                                                            |                           |                            |
|                                                |                                  | The Hon                                                                                                                                                          | orable Erin A. Zwiene     | er                         |
|                                                |                                  | Signature o                                                                                                                                                      | f Candidate or Officehol  | der                        |
| AFFIX NO                                       | TARY STAMP / SEAL ABO            | DVE                                                                                                                                                              |                           |                            |
| Sworn to and subso                             | ribed before me, by the s        | aid                                                                                                                                                              | , this the                | day                        |
|                                                |                                  | ertify which, witness my hand and seal of office.                                                                                                                | ,                         | uuj                        |
|                                                |                                  |                                                                                                                                                                  |                           |                            |
| Signature of offic                             | er administering                 | Printed name of officer administering                                                                                                                            | Title of office           | r administering oath       |
| Forms provided by Te                           | xas Ethics Commission            | www.ethics.state.tx.us                                                                                                                                           |                           | Version V4.1.0.48da51f7    |

| SUBTOTALS - C/OH                                                                 | FORM C/OH<br>OVER SHEET PG 3<br>3 of 53 |                            |
|----------------------------------------------------------------------------------|-----------------------------------------|----------------------------|
| 18 FILER NAME<br>Zwiener, Erin A. (The Honorable)                                | <b>19</b> Filer ID<br>00081543          | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                        |                                         | SUBTOTAL AMOUNT            |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                               |                                         | <b>\$</b> 27,050.00        |
| 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                 |                                         | <b>\$</b> 505.18           |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS                                             |                                         | \$                         |
| 4. SCHEDULE E: LOANS                                                             |                                         | \$                         |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION             | S                                       | \$ 29,825.11               |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                      |                                         | \$                         |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI                | ONS                                     | \$                         |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                 |                                         | \$                         |
| 9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                      |                                         | <b>\$</b> 56.70            |
| 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS               | OF C/OH                                 | \$                         |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI             | ONS                                     | \$                         |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS<br>TO FILER | RETURNED                                | \$                         |
|                                                                                  |                                         |                            |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

| The Instru       | ction Guide explains how to complete this fo      | orm.                          | 1 Total pages Schedule A1:<br>Sch: 1/40 Rpt: 4/53 |            |
|------------------|---------------------------------------------------|-------------------------------|---------------------------------------------------|------------|
| 2 FILER NAME     |                                                   |                               | 3 Filer ID (Ethics Commissior                     | n Filers)  |
|                  | n A. (The Honorable)                              |                               | 00081543                                          |            |
| 4 Date           | 5 Full name of contributor out-of-state PAC (ID#: | )                             | 7 Amount of Contribution (\$)                     |            |
| 09/29/2024       | ADAMS, JOHN                                       |                               |                                                   | \$25.00    |
|                  | 6 Contributor address; City; State; Zip Code      |                               |                                                   |            |
|                  | Dripping Springs, TX 78620-3962                   |                               |                                                   |            |
| 8 Principal occu | pation / Job title (See Instructions)             | 9 Employer (See Instructions) | s)                                                |            |
|                  |                                                   |                               |                                                   |            |
| Date             | Full name of contributor out-of-state PAC (ID#:   | )                             | Amount of Contribution (\$)                       |            |
| 10/11/2024       | ADAMS, JOHN                                       |                               | · · · · · · · · · · · · · · · · · · ·             | \$25.00    |
|                  | Contributor address; City; State; Zip Code        |                               |                                                   | ·          |
|                  | Continuou address, City, State, Zip Code          |                               |                                                   |            |
|                  |                                                   |                               |                                                   |            |
|                  | Dripping Springs, TX 78620-3962                   |                               |                                                   |            |
| Dringingl occu   |                                                   | Employer (Soo Instructions    |                                                   |            |
| Pfincipai occu   | pation / Job title (See Instructions)             | Employer (See Instructions)   | .)                                                |            |
|                  |                                                   |                               |                                                   |            |
| Date             | Full name of contributor out-of-state PAC (ID#:   | )                             | Amount of Contribution (\$)                       |            |
| 10/17/2024       | ATPE PAC                                          |                               |                                                   | \$1,000.00 |
|                  | Contributor address; City; State; Zip Code        |                               |                                                   |            |
|                  |                                                   |                               |                                                   |            |
|                  |                                                   |                               |                                                   |            |
|                  | Austin, TX 78752-3747                             |                               |                                                   |            |
| Principal occu   | pation / Job title (See Instructions)             | Employer (See Instructions)   | <i>.</i> )                                        |            |
|                  |                                                   |                               |                                                   |            |
| Date             | Full name of contributor out-of-state PAC (ID#:   | )                             | Amount of Contribution (\$)                       |            |
| 10/13/2024       | Albert, Amanda                                    |                               |                                                   | \$25.00    |
|                  | Contributor address; City; State; Zip Code        |                               |                                                   |            |
|                  |                                                   |                               |                                                   |            |
|                  |                                                   |                               |                                                   |            |
|                  | Buda, TX 78610-5909                               |                               |                                                   |            |
| Principal occu   | pation / Job title (See Instructions)             | Employer (See Instructions)   | ;)                                                |            |
|                  |                                                   |                               | ,                                                 |            |
| Date             | Full name of contributor out-of-state PAC (ID#:   | )                             | Amount of Contribution (\$)                       |            |
| 10/15/2024       | Apirian, Marilyn                                  | /                             |                                                   | \$15.00    |
| 10/13/2024       |                                                   |                               |                                                   | ψ10.00     |
|                  | Contributor address; City; State; Zip Code        |                               |                                                   |            |
|                  |                                                   |                               |                                                   |            |
|                  | Arnold, MD 21012-2417                             |                               |                                                   |            |
| Dringingloggy    | l                                                 | Employer (Coo Instructions    |                                                   |            |
| Principal occu   | pation / Job title (See Instructions)             | Employer (See Instructions)   | )                                                 |            |
|                  |                                                   |                               |                                                   |            |
|                  |                                                   |                               |                                                   |            |
|                  |                                                   |                               |                                                   |            |
|                  |                                                   |                               |                                                   |            |

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/40 Rpt: 5/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/17/2024 Austin, Rick \$25.00 6 Contributor address; City; State; Zip Code Buda, TX 78610-5189 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/24/2024 Baca, Sylvia \$25.00 Contributor address; City; State; Zip Code San Dimas, CA 91773-3151 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/16/2024 Baethge, Edwina \$10.00 Contributor address; City; State; Zip Code San Marcos, TX 78666-7686 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/24/2024 \$25.00 Baethge, Edwina Contributor address; City; State; Zip Code San Marcos, TX 78666-7686 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/20/2024 \$50.00 Baker, David Contributor address; City; State; Zip Code Wimberley, TX 78676-4308 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/40 Rpt: 6/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/07/2024 Balcombe, April \$25.00 6 Contributor address; City; State; Zip Code Austin, TX 78737-4531 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/14/2024 Balcombe, April \$250.00 Contributor address; City; State; Zip Code Austin, TX 78737-4531 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/15/2024 Balcombe, April \$10.00 Contributor address; City; State; Zip Code Austin, TX 78737-4531 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2024 **Beef PAC** \$1,000.00 Contributor address; City; State; Zip Code Amarillo, TX 79106-4617 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 10/10/2024 \$500.00 Bickerstaff Heath Delgado Acosta LLP Contributor address; City; State; Zip Code Austin, TX 78746-8041 Principal occupation / Job title (See Instructions) Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

| SCHEDULE | A | 1 |
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|----------|---|---|

|   | The Instru     | ction Guide explains how to complete this fo      | orm.                         | 1              | Total pages Schedule A1:<br>Sch: 4/40 Rpt: 7/53 |           |
|---|----------------|---------------------------------------------------|------------------------------|----------------|-------------------------------------------------|-----------|
| 2 | FILER NAME     |                                                   |                              | 3              | Filer ID (Ethics Commission                     | n Filers) |
|   | Zwiener, Eri   | n A. (The Honorable)                              |                              |                | 00081543                                        |           |
| 4 | Date           | 5 Full name of contributor Out-of-state PAC (ID#: | )                            | 7              | Amount of Contribution (\$)                     |           |
|   | 09/27/2024     |                                                   |                              |                |                                                 | \$100.00  |
|   |                | 6 Contributor address; City; State; Zip Code      |                              |                |                                                 |           |
|   |                |                                                   |                              |                |                                                 |           |
|   |                |                                                   |                              |                |                                                 |           |
|   |                | San Marcos, TX 78666-9480                         |                              |                |                                                 |           |
| 8 | Principal occu | pation / Job title (See Instructions)             | 9 Employer (See Instructions | <u>ا</u><br>چ) |                                                 |           |
|   |                |                                                   |                              |                |                                                 |           |
|   | Date           | Full name of contributor out-of-state PAC (ID#:   | )                            |                | Amount of Contribution (\$)                     |           |
|   | 10/21/2024     | Bishop, Sherwood                                  |                              |                |                                                 | \$50.00   |
|   |                | Contributor address; City; State; Zip Code        |                              |                |                                                 |           |
|   |                |                                                   |                              |                |                                                 |           |
|   |                |                                                   |                              |                |                                                 |           |
|   |                | San Marcos, TX 78666-9480                         |                              |                |                                                 |           |
|   | Principal occu | pation / Job title (See Instructions)             | Employer (See Instructions   | <u>ا</u><br>چ) |                                                 |           |
|   |                |                                                   |                              |                |                                                 |           |
|   | Date           | Full name of contributor out-of-state PAC (ID#:   | )                            |                | Amount of Contribution (\$)                     |           |
|   | 10/07/2024     | Boren, Ryan C.                                    |                              |                |                                                 | \$100.00  |
|   |                |                                                   |                              |                |                                                 |           |
|   |                |                                                   |                              |                |                                                 |           |
|   |                |                                                   |                              |                |                                                 |           |
|   |                | Dripping Springs, TX 78620-3709                   |                              |                |                                                 |           |
|   | Principal occu | pation / Job title (See Instructions)             | Employer (See Instructions   | 5)             |                                                 |           |
|   |                |                                                   |                              |                |                                                 |           |
|   | Date           | Full name of contributor out-of-state PAC (ID#:   | )                            |                | Amount of Contribution (\$)                     |           |
|   | 10/18/2024     | Bourgeois, Larisa                                 |                              |                |                                                 | \$100.00  |
|   |                | Contributor address; City; State; Zip Code        |                              | 1              |                                                 |           |
|   |                |                                                   |                              |                |                                                 |           |
|   |                |                                                   |                              |                |                                                 |           |
|   |                | Austin, TX 78737-4675                             |                              |                |                                                 |           |
|   | Principal occu | pation / Job title (See Instructions)             | Employer (See Instructions   | 5)             |                                                 |           |
|   |                |                                                   |                              |                |                                                 |           |
|   | Date           | Full name of contributor out-of-state PAC (ID#:   | )                            |                | Amount of Contribution (\$)                     |           |
|   | 10/10/2024     | Bremer, Catherine                                 |                              |                |                                                 | \$250.00  |
|   |                | Contributor address; City; State; Zip Code        |                              |                |                                                 |           |
|   |                |                                                   |                              |                |                                                 |           |
|   |                |                                                   |                              |                |                                                 |           |
|   |                | Dripping Springs, TX 78620-1317                   |                              |                |                                                 |           |
|   | Principal occu | pation / Job title (See Instructions)             | Employer (See Instructions   | 5)             |                                                 |           |
|   |                |                                                   |                              |                |                                                 |           |
|   |                |                                                   |                              |                |                                                 |           |
|   |                |                                                   |                              |                |                                                 |           |
|   |                |                                                   |                              |                |                                                 |           |

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/40 Rpt: 8/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/13/2024 Bridge, Lynn \$10.00 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3981 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/13/2024 Bryan, Helen C \$250.00 Contributor address; City; State; Zip Code Austin, TX 78746-2906 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/03/2024 Buchanan, Lillian \$15.00 Contributor address; City; State; Zip Code Austin, TX 78702-2834 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/02/2024 \$25.00 Bulla, Dale & Pat Contributor address; City; State; Zip Code Austin, TX 78750-7932 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/29/2024 \$40.00 Burns, Judith Contributor address; City; State; Zip Code Buda, TX 78610-2513 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/40 Rpt: 9/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/17/2024 Burns, William \$40.00 6 Contributor address; City; State; Zip Code Buda, TX 78610-2513 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor x out-of-state PAC (ID#: C00002089 Amount of Contribution (\$) 10/17/2024 CWA PCC \$750.00 Contributor address; City; State; Zip Code Washington, DC 20001-2760 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/22/2024 \$25.00 Cade, Randall Contributor address; City; State; Zip Code Spring, TX 77381-3335 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/02/2024 \$50.00 Calvert, Larry Contributor address; City; State; Zip Code Wimberley, TX 78676-5534 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/11/2024 \$50.00 Calvert, Larry Contributor address; City; State; Zip Code Wimberley, TX 78676-5534 Principal occupation / Job title (See Instructions) Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

| SCHEDULE | A1 |
|----------|----|
|----------|----|

|                      |                                                   |                              | _  |                                                  |           |
|----------------------|---------------------------------------------------|------------------------------|----|--------------------------------------------------|-----------|
| The Instruc          | ction Guide explains how to complete this fo      | orm.                         | 1  | Total pages Schedule A1:<br>Sch: 7/40 Rpt: 10/53 |           |
| 2 FILER NAME         |                                                   |                              | 3  | Filer ID (Ethics Commission                      | n Filers) |
| Zwiener, Erir        | n A. (The Honorable)                              |                              |    | 00081543                                         |           |
| 4 Date               | 5 Full name of contributor out-of-state PAC (ID#: | )                            | 7  | Amount of Contribution (\$)                      |           |
| 10/10/2024           | Campbell, Hugh                                    |                              |    |                                                  | \$25.00   |
|                      | 6 Contributor address; City; State; Zip Code      |                              | 1  |                                                  |           |
|                      |                                                   |                              |    |                                                  |           |
|                      |                                                   |                              |    |                                                  |           |
|                      | Wimberley, TX 78676-6190                          | -                            |    |                                                  |           |
| 8 Principal occur    | upation / Job title (See Instructions)            | 9 Employer (See Instructions | 3) |                                                  |           |
| Date                 | Full name of contributor out-of-state PAC (ID#:   | )                            | Γ  | Amount of Contribution (\$)                      |           |
| 10/10/2024           | Carriker, Kathy                                   |                              |    |                                                  | \$500.00  |
| ł                    | Contributor address; City; State; Zip Code        |                              | 1  |                                                  |           |
|                      |                                                   |                              |    |                                                  |           |
|                      |                                                   |                              |    |                                                  |           |
|                      | Dripping Springs, TX 78620-1113                   |                              |    |                                                  |           |
| Principal occu       | upation / Job title (See Instructions)            | Employer (See Instructions   | 5) |                                                  |           |
|                      |                                                   |                              |    |                                                  |           |
| Date                 | Full name of contributor out-of-state PAC (ID#:   | )                            | Γ  | Amount of Contribution (\$)                      |           |
| 10/13/2024           | Carriker, Kathy                                   |                              |    |                                                  | \$50.00   |
|                      | Contributor address; City; State; Zip Code        | 1                            | 1  |                                                  |           |
|                      |                                                   |                              |    |                                                  |           |
|                      |                                                   |                              |    |                                                  |           |
| Duin singly a series | Dripping Springs, TX 78620-1113                   |                              | ŕ  |                                                  |           |
| Principal occuj      | upation / Job title (See Instructions)            | Employer (See Instructions   | 5) |                                                  |           |
| Date                 | Full name of contributor out-of-state PAC (ID#:   | )                            | Γ  | Amount of Contribution (\$)                      |           |
| 10/16/2024           | Carriker, Kathy                                   |                              |    |                                                  | \$20.00   |
|                      | Contributor address; City; State; Zip Code        |                              | 1  |                                                  |           |
|                      |                                                   |                              |    |                                                  |           |
|                      |                                                   |                              |    |                                                  |           |
|                      | Dripping Springs, TX 78620-1113                   |                              |    |                                                  |           |
| Principal occur      | upation / Job title (See Instructions)            | Employer (See Instructions   | 5) |                                                  |           |
| Date                 | Full name of contributor out-of-state PAC (ID#:   | <u> </u>                     |    | Amount of Contribution (\$)                      |           |
| 10/21/2024           | Carriker, Kathy                                   |                              |    |                                                  | \$50.00   |
| 10/21/202.           | Contributor address; City; State; Zip Code        |                              | -  |                                                  | Ψ00.00    |
|                      | כטוונווטענטו מעטופאא, סוגץ, סומופ, בוף סטעכ       |                              |    |                                                  |           |
|                      |                                                   |                              |    |                                                  |           |
|                      | Dripping Springs, TX 78620-1113                   |                              |    |                                                  |           |
| Principal occu       | upation / Job title (See Instructions)            | Employer (See Instructions   | 5) |                                                  |           |
|                      | 1                                                 |                              |    |                                                  |           |
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|                      |                                                   |                              |    |                                                  |           |

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/40 Rpt: 11/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/27/2024 Cauble, Mary \$200.00 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-3265 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/11/2024 Charles, Greg \$25.00 Contributor address; City; State; Zip Code Austin, TX 78748-1875 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/17/2024 Chavez, BettyAnn \$150.00 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-4329 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/29/2024 \$20.00 Chavez, Deborah Contributor address; City; State; Zip Code Buda, TX 78610-3838 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/13/2024 \$25.00 Close, Eleanor Contributor address; City; State; Zip Code San Marcos, TX 78666-2298 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/40 Rpt: 12/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/24/2024 Close, Eleanor \$25.00 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-2298 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/13/2024 \$50.00 Codina, Melva Contributor address; City; State; Zip Code Austin, TX 78737-4633 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/14/2024 \$25.00 Coe, Margaret Contributor address; City; State; Zip Code Dripping Springs, TX 78620-5000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/30/2024 Colburn, Laura \$15.00 Contributor address; City; State; Zip Code Austin, TX 78737-4858 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/15/2024 \$45.00 Colburn, Laura Contributor address; City; State; Zip Code Austin, TX 78737-4858 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/40 Rpt: 13/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/22/2024 Colburn, Laura \$25.00 6 Contributor address; City; State; Zip Code Austin, TX 78737-4858 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/03/2024 \$100.00 Connell, Ann Contributor address; City; State; Zip Code Driftwood, TX 78619-0039 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/03/2024 \$25.00 Conyngham, Karen Contributor address; City; State; Zip Code Austin, TX 78746-4115 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/17/2024 \$250.00 **County Officials PAC** Contributor address; City; State; Zip Code Austin, TX 78701-1817 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/30/2024 Cox, Cody \$35.00 Contributor address; City; State; Zip Code San Marcos, TX 78666-5478 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/40 Rpt: 14/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/11/2024 Craig, Elizabeth \$100.00 6 Contributor address; City; State; Zip Code Driftwood, TX 78619-9771 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/12/2024 \$100.00 Crosby, Debra Contributor address; City; State; Zip Code Austin, TX 78737-9683 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/04/2024 Cuddeback, David \$100.00 Contributor address; City; State; Zip Code Kyle, TX 78640-5827 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/04/2024 \$500.00 Cummings, Therese Contributor address; City; State; Zip Code Buda, TX 78610-5189 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/17/2024 \$400.00 Cummings, Therese Contributor address; City; State; Zip Code Buda, TX 78610-5189 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 12/40 Rpt: 15/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/14/2024 Dedek, Peter \$25.00 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-3172 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/17/2024 \$10.00 Doerr, David Contributor address; City; State; Zip Code Austin, TX 78703-5338 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/17/2024 \$1,000.00 Dow, James Contributor address; City; State; Zip Code Austin, TX 78701-1819 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/13/2024 \$50.00 Dudley, Susan Contributor address; City; State; Zip Code Austin, TX 78737-9022 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/12/2024 \$50.00 Edwards, George Contributor address; City; State; Zip Code Austin, TX 78703-2235 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/40 Rpt: 16/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/11/2024 Elkins, Bob \$50.00 6 Contributor address; City; State; Zip Code Wimberley, TX 78676-5541 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: \$50.00 09/30/2024 Elliott, Patty Contributor address; City; State; Zip Code Johnson City, TX 78636-1504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/13/2024 Elliott, Patty \$50.00 Contributor address; City; State; Zip Code Johnson City, TX 78636-1504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/17/2024 \$500.00 Enchanted Rock Holdings LLC Employee PAC Contributor address; City; State; Zip Code Houston, TX 77002-1042 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/12/2024 \$50.00 Fine, Mary Ellen Contributor address; City; State; Zip Code Austin, TX 78745-2084 Principal occupation / Job title (See Instructions) Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

| The Instru        | ction Guide explains how to complete this f       | orm.                         |          | Fotal pages Schedule A1:<br>Sch: 14/40 Rpt: 17/53 |         |
|-------------------|---------------------------------------------------|------------------------------|----------|---------------------------------------------------|---------|
| 2 FILER NAME      |                                                   |                              | 3 F      | Filer ID (Ethics Commission                       | Filers) |
| Zwiener, Erii     | n A. (The Honorable)                              |                              |          | 00081543                                          | -       |
| 4 Date            | 5 Full name of contributor out-of-state PAC (ID#: | )                            | 7 /      | Amount of Contribution (\$)                       |         |
| 09/30/2024        | FitzPatrick, Shannon                              |                              |          |                                                   | \$25.00 |
|                   | 6 Contributor address; City; State; Zip Code      |                              | ·        |                                                   |         |
|                   |                                                   |                              |          |                                                   |         |
|                   |                                                   |                              |          |                                                   |         |
| 2 Dringingloggy   | San Marcos, TX 78667-0832                         | C Employer (Coo Instructions | <u> </u> |                                                   |         |
| 8 Principai occu  | pation / Job title (See Instructions)             | 9 Employer (See Instructions | s)       |                                                   |         |
| Date              | Full name of contributor out-of-state PAC (ID#:   | )                            | 4        | Amount of Contribution (\$)                       |         |
| 10/08/2024        | Frohlich, Penelope                                |                              |          |                                                   | \$25.00 |
|                   | Contributor address; City; State; Zip Code        |                              | 1        |                                                   |         |
|                   |                                                   |                              |          |                                                   |         |
|                   | Austin, TX 78737-9051                             |                              |          |                                                   |         |
| Princinal occu    | pation / Job title (See Instructions)             | Employer (See Instructions   | <u>ا</u> |                                                   |         |
| гшыра осса        |                                                   |                              | 5)       |                                                   |         |
| Date              | Full name of contributor out-of-state PAC (ID#:   | )                            | 4        | Amount of Contribution (\$)                       |         |
| 10/10/2024        | Gaboury, Matt                                     |                              |          |                                                   | \$1.00  |
|                   | Contributor address; City; State; Zip Code        |                              | ·        |                                                   |         |
|                   |                                                   |                              |          |                                                   |         |
|                   |                                                   |                              |          |                                                   |         |
|                   | South Bend, IN 46614-3531                         | · · · · · · · · ·            |          |                                                   |         |
| Principal occu    | pation / Job title (See Instructions)             | Employer (See Instructions   | s)       |                                                   |         |
| Date              | Full name of contributor out-of-state PAC (ID#:   | )                            | 4        | Amount of Contribution (\$)                       |         |
| 10/11/2024        | Gaddis, Marilyn Tyler                             |                              |          |                                                   | \$25.00 |
|                   | Contributor address; City; State; Zip Code        |                              |          |                                                   |         |
|                   |                                                   |                              |          |                                                   |         |
|                   | Com Marras TV 70000 1110                          |                              |          |                                                   |         |
| Dringingl oppu    | San Marcos, TX 78666-1110                         | Employer (Cool Instructions  | <u> </u> |                                                   |         |
| Principal occu    | pation / Job title (See Instructions)             | Employer (See Instructions   | S)       |                                                   |         |
| Date              | Full name of contributor out-of-state PAC (ID#:   | )                            | 4        | Amount of Contribution (\$)                       |         |
| 10/03/2024        | Gardner, Mark                                     |                              |          |                                                   | \$30.00 |
|                   | Contributor address; City; State; Zip Code        |                              | ·        |                                                   |         |
|                   |                                                   |                              |          |                                                   |         |
|                   |                                                   |                              |          |                                                   |         |
| Duin singly again | Kyle, TX 78640-6120                               |                              | Ĺ        |                                                   |         |
| Principal occu    | pation / Job title (See Instructions)             | Employer (See Instructions   | S)       |                                                   |         |
|                   |                                                   |                              |          |                                                   |         |
|                   |                                                   |                              |          |                                                   |         |
|                   |                                                   |                              |          |                                                   |         |

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 15/40 Rpt: 18/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/12/2024 Gardner, Mark \$50.00 6 Contributor address; City; State; Zip Code Kyle, TX 78640-6120 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 \$10.00 Gardner, Mark Contributor address; City; State; Zip Code Kyle, TX 78640-6120 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/02/2024 \$25.00 Garner, Anita Contributor address; City; State; Zip Code Austin, TX 78749-1850 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/22/2024 \$50.00 Gibbs, Gary Contributor address; City; State; Zip Code Kyle, TX 78640-3029 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/17/2024 \$250.00 Glassco, Tim Contributor address; City; State; Zip Code Austin, TX 78704-4926 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 16/40 Rpt: 19/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/08/2024 Gondol, John \$15.00 6 Contributor address; City; State; Zip Code Holly Lake Ranch, TX 75765-7179 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/21/2024 \$10.00 Goodson, Paula Contributor address; City; State; Zip Code Buda, TX 78610-3223 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/14/2024 Grady, Michael \$500.00 Contributor address; City; State; Zip Code Buda, TX 78610-3036 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/30/2024 \$50.00 Gullickson, Douglas Contributor address; City; State; Zip Code Austin, TX 78701-2853 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/14/2024 \$500.00 Haley, Anthony Contributor address; City; State; Zip Code Austin, TX 78701-1810 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/40 Rpt: 20/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/04/2024 Hansen, Paul \$10.00 6 Contributor address; City; State; Zip Code Austin, TX 78727-6870 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/11/2024 Harding, Genest \$25.00 Contributor address; City; State; Zip Code Kyle, TX 78640-5663 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/02/2024 \$25.00 Harmon, Monica Contributor address; City; State; Zip Code San Marcos, TX 78666-4319 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/02/2024 \$500.00 Hathaway, Mark Contributor address; City; State; Zip Code Austin, TX 78745-1519 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/18/2024 \$500.00 Hathaway, Mark Contributor address; City; State; Zip Code Austin, TX 78745-1519 Principal occupation / Job title (See Instructions) Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

| The Instru       | ction Guide explains how to complete this fo      | orm.                          | 1        | Total pages Schedule A1:<br>Sch: 18/40 Rpt: 21/53 |            |
|------------------|---------------------------------------------------|-------------------------------|----------|---------------------------------------------------|------------|
| 2 FILER NAME     |                                                   |                               |          | Filer ID (Ethics Commissio                        | on Filers) |
| Zwiener, Eri     | n A. (The Honorable)                              |                               |          | 00081543                                          | -          |
| 4 Date           | 5 Full name of contributor out-of-state PAC (ID#: | )                             | 7        | Amount of Contribution (\$)                       |            |
| 10/10/2024       | Hauger, Sarmistha Hauger                          |                               |          |                                                   | \$25.00    |
|                  | 6 Contributor address; City; State; Zip Code      |                               | 1        |                                                   |            |
|                  |                                                   |                               |          |                                                   |            |
|                  |                                                   |                               |          |                                                   |            |
| - · · ·          | Austin, TX 78746-3110                             |                               | <u> </u> |                                                   |            |
| 8 Principal occu | ipation / Job title (See Instructions)            | 9 Employer (See Instructions) | 3)       |                                                   |            |
| Date             | Full name of contributor out-of-state PAC (ID#:   | )                             | Τ        | Amount of Contribution (\$)                       |            |
| 10/13/2024       | Hausler, Tom & Emily                              |                               |          |                                                   | \$25.00    |
|                  | Contributor address; City; State; Zip Code        |                               | 1        |                                                   |            |
|                  |                                                   |                               |          |                                                   |            |
|                  | Drivering Caringo TV 70600 4067                   |                               |          |                                                   |            |
| Dringingl occu   | Dripping Springs, TX 78620-4057                   | Employer (See Instructions    |          |                                                   |            |
| Principal occu   | ipation / Job title (See Instructions)            | Employer (See Instructions)   | 3)       |                                                   |            |
| Date             | Full name of contributor out-of-state PAC (ID#:   | )                             | Γ        | Amount of Contribution (\$)                       |            |
| 09/29/2024       | Henley, Kelly                                     |                               |          |                                                   | \$5.00     |
|                  | Contributor address; City; State; Zip Code        |                               |          |                                                   |            |
|                  |                                                   |                               |          |                                                   |            |
|                  |                                                   |                               |          |                                                   |            |
| Drivelas         | Austin, TX 78727-6416                             |                               | Ĺ        |                                                   |            |
| Principal occu   | ipation / Job title (See Instructions)            | Employer (See Instructions)   | 3)       |                                                   |            |
| Date             | Full name of contributor out-of-state PAC (ID#:   | )                             | Τ        | Amount of Contribution (\$)                       |            |
| 10/11/2024       | Herrmann, Eric                                    |                               |          |                                                   | \$100.00   |
|                  | Contributor address; City; State; Zip Code        |                               | 1        |                                                   |            |
|                  |                                                   |                               |          |                                                   |            |
|                  | Drinning Caringo TV 70620 4275                    |                               |          |                                                   |            |
| Dringing occu    | Dripping Springs, TX 78620-4275                   | Employer (Soo Instructions    |          |                                                   |            |
| ΡΠητιμαί στου    | ipation / Job title (See Instructions)            | Employer (See Instructions)   | 5)       |                                                   |            |
| Date             | Full name of contributor out-of-state PAC (ID#:   | )                             | Π        | Amount of Contribution (\$)                       |            |
| 10/18/2024       | Hildreth, Daniel                                  |                               |          |                                                   | \$1,000.00 |
|                  | Contributor address; City; State; Zip Code        |                               | 1        |                                                   |            |
|                  |                                                   |                               |          |                                                   |            |
|                  | Falmouth, ME 04105-1929                           |                               |          |                                                   |            |
| Principal occu   | ipation / Job title (See Instructions)            | Employer (See Instructions)   | L<br>s)  |                                                   |            |
|                  |                                                   | Employor (200                 | 5)       |                                                   |            |
|                  |                                                   |                               |          |                                                   |            |
|                  |                                                   |                               |          |                                                   |            |
|                  |                                                   |                               |          |                                                   | I          |

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 19/40 Rpt: 22/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/29/2024 Hiller, Jay \$10.00 6 Contributor address; City; State; Zip Code Austin, TX 78726-1375 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2024 \$8.00 Hisssam, Timothy Contributor address; City; State; Zip Code Pflugerville, TX 78660-7915 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/21/2024 Holman, Sully \$10.00 Contributor address; City; State; Zip Code San Marcos, TX 78666-3636 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/17/2024 \$35.00 Hopson, Barbara Contributor address; City; State; Zip Code Wimberley, TX 78676-1753 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/17/2024 \$100.00 Horton, Corey Contributor address; City; State; Zip Code Austin, TX 78737-1012 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 20/40 Rpt: 23/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/17/2024 Invenergy Investment Company LLC \$2,500.00 6 Contributor address; City; State; Zip Code Chicago, IL 60606-4630 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/25/2024 \$50.00 Ishibashi, Susie Contributor address; City; State; Zip Code Kyle, TX 78640-6513 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/18/2024 Jackson Jr., Kevin M. \$50.00 Contributor address; City; State; Zip Code Austin, TX 78748-6415 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/13/2024 \$500.00 James, Ronald Contributor address; City; State; Zip Code Austin, TX 78730-2865 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/12/2024 \$250.00 Janda, Steve Contributor address; City; State; Zip Code Driftwood, TX 78619-0015 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 21/40 Rpt: 24/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/18/2024 Johnson, Lucy \$100.00 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-2234 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/12/2024 \$50.00 Jones, Melissa Contributor address; City; State; Zip Code Austin, TX 78703-4013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/19/2024 Juarez, Ted \$50.00 Contributor address; City; State; Zip Code San Marcos, TX 78666-5076 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/17/2024 \$250.00 Kapral, Lucinda Contributor address; City; State; Zip Code Austin, TX 78737-9110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/20/2024 \$25.00 Kaura, Jana Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3943 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 22/40 Rpt: 25/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/21/2024 Kling, Kelsey Altom \$25.00 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3962 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/02/2024 \$10.00 Kozma, Andrew Contributor address; City; State; Zip Code Houston, TX 77019-5431 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/19/2024 \$100.00 Laumer, Diane Contributor address; City; State; Zip Code San Marcos, TX 78666-2270 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2024 \$20.00 Leatherwood, Rob Contributor address; City; State; Zip Code San Marcos, TX 78666-3845 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/10/2024 \$25.00 Leonard, Joseph Contributor address; City; State; Zip Code San Marcos, TX 78666-2291 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 23/40 Rpt: 26/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/30/2024 Liddle, Melanie \$25.00 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-4920 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/05/2024 \$10.00 Maguire-Powell, Alison Contributor address; City; State; Zip Code Denton, TX 76210-4637 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/14/2024 \$10.00 Mangan, Karen Contributor address; City; State; Zip Code Blanco, TX 78606-1656 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/23/2024 \$75.00 Marshall, Virginia Contributor address; City; State; Zip Code Lewisville, TX 75077-2749 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/11/2024 \$25.00 Martin, James Contributor address; City; State; Zip Code Austin, TX 78737-4574 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 24/40 Rpt: 27/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/10/2024 Martinez, Maria Delia \$25.00 6 Contributor address; City; State; Zip Code Wimberley, TX 78676-6040 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/17/2024 \$100.00 McCabe, Diann Contributor address; City; State; Zip Code San Marcos, TX 78666-3451 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/09/2024 \$15.00 McKinney, Carol Contributor address; City; State; Zip Code Cypress Mill, TX 78663-8606 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/15/2024 \$50.00 McMillan, John Contributor address; City; State; Zip Code Wimberley, TX 78676-5923 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/11/2024 Meagher, Aedin \$25.00 Contributor address; City; State; Zip Code Manchaca, TX 78652-4166 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 25/40 Rpt: 28/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/22/2024 Mejia, Jaime A \$25.00 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-6864 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/13/2024 \$50.00 Mendiola, Katrina Contributor address; City; State; Zip Code Dripping Springs, TX 78620-2299 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/10/2024 Merrill, Michael & Stephanie \$25.00 Contributor address; City; State; Zip Code Austin, TX 78737-4735 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/21/2024 Merritt, Marlene \$10.00 Contributor address; City; State; Zip Code Austin, TX 78751-3730 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/10/2024 \$25.00 Moore, Marsha Contributor address; City; State; Zip Code San Marcos, TX 78666-2523 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 26/40 Rpt: 29/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/02/2024 Morris, Jefffrey \$500.00 6 Contributor address; City; State; Zip Code Austin, TX 78737-4645 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/10/2024 \$100.00 NASW PAC Contributor address; City; State; Zip Code Austin, TX 78701-2010 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/02/2024 \$200.00 Nelson, Pamala Contributor address; City; State; Zip Code Buda, TX 78610-2840 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/13/2024 \$100.00 Nelson, Pamala Contributor address; City; State; Zip Code Buda, TX 78610-2840 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/01/2024 \$25.00 Newlan, Nichole Contributor address; City; State; Zip Code Austin, TX 78737-4529 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 27/40 Rpt: 30/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/17/2024 Newman, Harry \$50.00 6 Contributor address; City; State; Zip Code Austin, TX 78749-4038 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/16/2024 \$47.00 Nichols, John Contributor address; City; State; Zip Code Wimberley, TX 78676-0044 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/30/2024 Nuss, Melynda \$15.00 Contributor address; City; State; Zip Code Austin, TX 78704-5056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/22/2024 \$25.00 O'Shaughnessy, Marc Contributor address; City; State; Zip Code Austin, TX 78737-9013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/11/2024 \$100.00 OBrien, Elizabeth Contributor address; City; State; Zip Code Austin, TX 78737-4596 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 28/40 Rpt: 31/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/17/2024 OHara, Mary \$25.00 6 Contributor address; City; State; Zip Code Wimberley, TX 78676-4649 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/17/2024 Oza, Yahnesh \$500.00 Contributor address; City; State; Zip Code Austin, TX 78737-4467 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/17/2024 Parker, Carolyn \$250.00 Contributor address; City; State; Zip Code San Marcos, TX 78666-2867 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/10/2024 \$500.00 Parrish, Paul Contributor address; City; State; Zip Code Austin, TX 78737 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/03/2024 \$25.00 Pendergast, Mary Contributor address; City; State; Zip Code San Marcos, TX 78666-2505 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 29/40 Rpt: 32/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/03/2024 Pendergast, Mary \$100.00 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-2505 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/03/2024 \$200.00 Pendergast, Mary Contributor address; City; State; Zip Code San Marcos, TX 78666-2505 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/24/2024 Perri, Shannon \$10.00 Contributor address; City; State; Zip Code Austin, TX 78745-6825 Principal occupation / Job title (See Instructions) Employer (See Instructions) X out-of-state PAC (ID#: C00016683 Date Full name of contributor Amount of Contribution (\$) 10/17/2024 Pfizer PAC \$1,500.00 Contributor address; City; State; Zip Code New York, NY 10017-5703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/03/2024 \$25.00 Pinto, Martha Contributor address; City; State; Zip Code Kyle, TX 78640-8655 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 30/40 Rpt: 33/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/02/2024 Prince, Miranda \$20.00 6 Contributor address; City; State; Zip Code Des Plaines, IL 60016-2128 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/24/2024 Reilly, Jackie \$25.00 Contributor address; City; State; Zip Code Kyle, TX 78640-8926 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/10/2024 Reinken, Janis \$7.00 Contributor address; City; State; Zip Code Austin, TX 78755-0453 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/21/2024 Robbins, Suzanne \$10.00 Contributor address; City; State; Zip Code Austin, TX 78737-4638 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/02/2024 \$25.00 Robertson, Laurel Contributor address; City; State; Zip Code Dripping Springs, TX 78620-4142 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 31/40 Rpt: 34/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/06/2024 Sailer, Cecily \$25.00 6 Contributor address; City; State; Zip Code Austin, TX 78745-3739 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/17/2024 Sailer, Cecily \$25.00 Contributor address; City; State; Zip Code Austin, TX 78745-3739 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/12/2024 \$25.00 Salter, Dayna Contributor address; City; State; Zip Code Buda, TX 78610-3452 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/07/2024 Seidel, Diana M \$15.00 Contributor address; City; State; Zip Code San Marcos, TX 78666-8623 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/10/2024 \$250.00 Seremetis, George Contributor address; City; State; Zip Code Austin, TX 78701-2899 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 32/40 Rpt: 35/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/20/2024 Shaw, Terry \$25.00 6 Contributor address; City; State; Zip Code Austin, TX 78737-9067 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/04/2024 Shaw, Terry J \$25.00 Contributor address; City; State; Zip Code Austin, TX 78737-9067 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/10/2024 Slover, Catharine \$300.00 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3935 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/23/2024 \$50.00 Snyder, David Contributor address; City; State; Zip Code Kyle, TX 78640-2366 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/10/2024 \$25.00 Spicer, Diane Contributor address; City; State; Zip Code Wimberley, TX 78676-1146 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 33/40 Rpt: 36/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/02/2024 Standefer, Joy \$25.00 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-2115 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/10/2024 Standefer, Joy \$25.00 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-2115 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/19/2024 Stanford, Patricia C \$25.00 Contributor address; City; State; Zip Code Kyle, TX 78640-3118 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/25/2024 \$100.00 Stokes Hilton, Lee Contributor address; City; State; Zip Code Austin, TX 78735-1607 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/24/2024 \$25.00 Stone, Briana Contributor address; City; State; Zip Code Buda, TX 78610-5123 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 34/40 Rpt: 37/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/02/2024 Story, Barbara \$50.00 6 Contributor address; City; State; Zip Code Austin, TX 78737-4643 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/07/2024 Story, Barbara \$25.00 Contributor address; City; State; Zip Code Austin, TX 78737-4643 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/30/2024 \$200.00 Strand, Liz Contributor address; City; State; Zip Code Buda, TX 78610-2914 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/11/2024 Strand, Liz \$10.00 Contributor address; City; State; Zip Code Buda, TX 78610-2914 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/21/2024 \$10.00 Strand, Liz Contributor address; City; State; Zip Code Buda, TX 78610-2914 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 35/40 Rpt: 38/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/10/2024 Sudela, Bob & Eileen \$100.00 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-6070 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/22/2024 \$50.00 Sudela, Eileen Contributor address; City; State; Zip Code San Marcos, TX 78666-6070 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/10/2024 TLTA PAC \$250.00 Contributor address; City; State; Zip Code Austin, TX 78703-4775 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/17/2024 \$500.00 **Texas Dairymen PAC** Contributor address; City; State; Zip Code Austin, TX 78711-3182 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/10/2024 \$500.00 **Texas Optometric PAC** Contributor address; City; State; Zip Code Austin, TX 78705-2016 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 36/40 Rpt: 39/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/10/2024 **Texas Optometric PAC** \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78705-2016 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/06/2024 Thomas, Kathi \$25.00 Contributor address; City; State; Zip Code Austin, TX 78737-9119 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/17/2024 Thomas, Kathi \$50.00 Contributor address; City; State; Zip Code Austin, TX 78737-9119 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/20/2024 \$50.00 Thomas, Kathi Contributor address; City; State; Zip Code Austin, TX 78737-9119 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/24/2024 \$25.00 Thompson, Jeff Contributor address; City; State; Zip Code Kyle, TX 78640-6466 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 37/40 Rpt: 40/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/07/2024 Thrash, Karen \$25.00 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-5486 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/12/2024 Tod, Theresa \$25.00 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3946 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/17/2024 \$200.00 Trevino, Laurel Contributor address; City; State; Zip Code Austin, TX 78737-9060 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/11/2024 \$25.00 Trussell, David Contributor address; City; State; Zip Code Austin, TX 78737-4553 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/23/2024 \$25.00 UPCHURCH, GARLAND Contributor address; City; State; Zip Code Broomfield, CO 80023-6413 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 38/40 Rpt: 41/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/14/2024 Walker, Nancy \$100.00 6 Contributor address; City; State; Zip Code Austin, TX 78749-2113 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/02/2024 Waller, Becky \$25.00 Contributor address; City; State; Zip Code Uhland, TX 78640-3063 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/10/2024 Waller, Becky \$20.00 Contributor address; City; State; Zip Code Uhland, TX 78640-3063 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/24/2024 \$25.00 Wallis, Robert Contributor address; City; State; Zip Code San Marcos, TX 78666-1018 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/13/2024 \$100.00 Ward, Ana Contributor address; City; State; Zip Code Austin, TX 78704-4834 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 39/40 Rpt: 42/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zwiener, Erin A. (The Honorable) 00081543 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/19/2024 Warder, Melissa \$50.00 6 Contributor address; City; State; Zip Code Austin, TX 78737-4516 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/28/2024 Welch, Janna \$25.00 Contributor address; City; State; Zip Code Austin, TX 78737-8528 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/26/2024 \$5.00 Wernecke, Ellen Contributor address; City; State; Zip Code Chicago, IL 60657-5200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/01/2024 \$50.00 White, Joan Contributor address; City; State; Zip Code Johnson City, TX 78636-4681 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/15/2024 \$100.00 Wilbourn, Robert Contributor address; City; State; Zip Code Austin, TX 78715-1831 Principal occupation / Job title (See Instructions) Employer (See Instructions)

| MONE                      | TARY POLITICAL CONTRIBUTION                                                                                         | NS                                                  | SCHEDULE A1                            |
|---------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------|
| The Instr                 | uction Guide explains how to complete this for                                                                      | 1 Total pages Schedule A1:<br>Sch: 40/40 Rpt: 43/53 |                                        |
| 2 FILER NAM<br>Zwiener, E | E<br>rin A. (The Honorable)                                                                                         | 3 Filer ID (Ethics Commission Filers)<br>00081543   |                                        |
| 4 Date<br>10/20/2024      | <ul> <li>5 Full name of contributor out-of-state PAC (ID#:</li></ul>                                                | 7 Amount of Contribution (\$)<br>\$27.00            |                                        |
| 8 Principal oc            | Silsbee, TX 77656-6641         cupation / Job title (See Instructions)         9                                    | Employer (See Instructions)                         | )                                      |
| Date<br>10/21/2024        | Full name of contributor out-of-state PAC (ID#:<br>deGraffenried, Les<br>Contributor address; City; State; Zip Code | )                                                   | Amount of Contribution (\$)<br>\$25.00 |
| Principal oc              | Alpine, TX 79830-5020<br>cupation / Job title (See Instructions)                                                    | Employer (See Instructions)                         | )                                      |
|                           |                                                                                                                     |                                                     |                                        |

### NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

| The Instru            | iction Guide explains how to complete this f              | 1 Total pages Schedule A2:<br>Sch: 1/1 Rpt: 44/53        |                                                                 |  |  |
|-----------------------|-----------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------|--|--|
| 2 FILER NAME          |                                                           |                                                          | <b>3</b> Filer ID (Ethics Commission Filers)                    |  |  |
|                       | in A. (The Honorable)                                     |                                                          | 00081543                                                        |  |  |
| <sup>4</sup> TOTAL OF | UNITEMIZED IN-KIND POLITICAL CONTRIB                      | \$                                                       |                                                                 |  |  |
| 5 Date                | 6 Full name of contributor out-of-state PAC (ID#:         | )                                                        | 8 Amount of 9 In-kind contribution                              |  |  |
| 10/17/2024            | Hays County Democratic Party                              |                                                          | contribution (\$) description                                   |  |  |
|                       | 7 Contributor address; City; State; Zip Code              |                                                          | \$500.00 ı print ad                                             |  |  |
|                       |                                                           |                                                          |                                                                 |  |  |
|                       |                                                           |                                                          |                                                                 |  |  |
|                       | San Marcos, TX 78666                                      |                                                          | Check if travel outside of Texas. Complete Schedule T.          |  |  |
| 10 Principal occ      | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON                                     | -JUDICIAL) (See instructions)                                   |  |  |
|                       |                                                           |                                                          |                                                                 |  |  |
| 12 Contributor's      | principal occupation (FOR JUDICIAL)                       | 13 Contributor's job title                               | (FOR JUDICIAL) (See instructions)                               |  |  |
|                       |                                                           |                                                          |                                                                 |  |  |
| 14 Contributor's      | employer/law firm (FOR JUDICIAL)                          | 15 Law firm of contributo                                | or's spouse (if any) (FOR JUDICIAL)                             |  |  |
|                       |                                                           |                                                          |                                                                 |  |  |
| 16 If contributor     | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |                                                          |                                                                 |  |  |
|                       |                                                           |                                                          |                                                                 |  |  |
| Data                  |                                                           |                                                          |                                                                 |  |  |
| Date<br>10/04/2024    | Full name of contributor out-of-state PAC (ID#:           | )                                                        | Amount of In-kind contribution<br>contribution (\$) description |  |  |
| 10/04/2024            | Texas Farm Bureau Ag Fund                                 |                                                          | \$5.18 website endorsement                                      |  |  |
|                       | Contributor address; City; State; Zip Code                |                                                          |                                                                 |  |  |
|                       |                                                           |                                                          |                                                                 |  |  |
|                       | Waco, TX 76702-2689                                       |                                                          |                                                                 |  |  |
| Dringing ogg          | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON                                        | -JUDICIAL) (See instructions)                                   |  |  |
| Principal Occi        |                                                           |                                                          |                                                                 |  |  |
| Contributoria         | principal accuration (FOD JUDICIAL)                       | Contributoria iab titla                                  | tributor's job title (FOR JUDICIAL) (See instructions)          |  |  |
| Contributors          | principal occupation (FOR JUDICIAL)                       |                                                          |                                                                 |  |  |
|                       |                                                           |                                                          |                                                                 |  |  |
| Contributor's         | employer/law firm (FOR JUDICIAL)                          | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |                                                                 |  |  |
|                       |                                                           |                                                          |                                                                 |  |  |
| If contributor        | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |                                                          |                                                                 |  |  |
|                       |                                                           |                                                          |                                                                 |  |  |
|                       |                                                           |                                                          |                                                                 |  |  |
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|                       |                                                           |                                                          |                                                                 |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                           |          |                                                                                                                        |                    |                                                       |                              |       |                                                                                                                                                                             |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------|------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |          | Event Expense<br>Fees<br>Food/Beverage Expen<br>Gitt/Awards/Memorials<br>Imittee Legal Services<br>The Instruction Git | Expense            | Office Ove<br>Polling Ex<br>Printing Ex<br>Salaries/W | pense<br>ages/Contract Labor |       | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1:                                                                                                                                      | 2        | FILER NAME                                                                                                             |                    |                                                       |                              | 3     | Filer ID (Ethics Commission Filers)                                                                                                                                         |
|   | Sch: 1/8 Rpt: 45/53                                                                                                                                           |          | Zwiener, Erin A. (The Hono                                                                                             | rable)             |                                                       |                              |       | 00081543                                                                                                                                                                    |
| 4 | Date<br>09/30/2024                                                                                                                                            |          | Payee name<br>AM Strategies                                                                                            |                    |                                                       |                              |       |                                                                                                                                                                             |
| 6 | Amount (\$)                                                                                                                                                   | 7        | Payee address; City;                                                                                                   | State              | ; Zip Co                                              | de                           |       |                                                                                                                                                                             |
|   | \$3,500.00                                                                                                                                                    |          | 1214 Timbergrove Ln                                                                                                    |                    |                                                       |                              |       |                                                                                                                                                                             |
|   |                                                                                                                                                               |          | Houston, TX 77008-6361                                                                                                 |                    |                                                       |                              |       |                                                                                                                                                                             |
| 8 | PURPOSE<br>OF                                                                                                                                                 | (a)      | Category (See Categories listed at t                                                                                   | he top of this sch | nedule)                                               | (b) Description              | outoi | ida of Touco, Complete Cabadula T                                                                                                                                           |
|   | EXPENDITURE                                                                                                                                                   |          | Consulting Expense                                                                                                     |                    |                                                       |                              |       | ide of Texas. Complete Schedule T.<br>, officeholder living expense                                                                                                         |
|   |                                                                                                                                                               |          |                                                                                                                        |                    |                                                       | Fundraising                  |       |                                                                                                                                                                             |
|   |                                                                                                                                                               |          |                                                                                                                        |                    |                                                       |                              |       |                                                                                                                                                                             |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O                                                                                                     |          | andidate/Officeholder name                                                                                             | (                  | Office sou                                            | ght                          |       | Office held                                                                                                                                                                 |
|   | Date                                                                                                                                                          |          | Payee name                                                                                                             |                    |                                                       |                              |       |                                                                                                                                                                             |
|   | 10/25/2024                                                                                                                                                    |          | AM Strategies                                                                                                          |                    |                                                       |                              |       |                                                                                                                                                                             |
|   | Amount (\$)                                                                                                                                                   |          | Payee address; City;                                                                                                   | State              | ; Zip Co                                              | de                           |       |                                                                                                                                                                             |
|   | \$3,500.00                                                                                                                                                    |          | 1214 Timbergrove Ln                                                                                                    |                    |                                                       |                              |       |                                                                                                                                                                             |
|   |                                                                                                                                                               |          | Houston, TX 77008-6361                                                                                                 |                    |                                                       |                              |       |                                                                                                                                                                             |
|   | PURPOSE<br>OF                                                                                                                                                 | (a)      | Category (See Categories listed at t                                                                                   | he top of this sch | nedule)                                               | (b) Description              |       |                                                                                                                                                                             |
|   | EXPENDITURE                                                                                                                                                   |          | Consulting Expense                                                                                                     |                    |                                                       |                              |       | ide of Texas. Complete Schedule T.<br>, officeholder living expense                                                                                                         |
|   |                                                                                                                                                               |          |                                                                                                                        |                    |                                                       | Fundraising (                |       |                                                                                                                                                                             |
|   |                                                                                                                                                               |          |                                                                                                                        |                    |                                                       | , and a set of a             |       |                                                                                                                                                                             |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/O                                                                                                     |          | andidate/Officeholder name                                                                                             | (                  | Office sou                                            | ght                          |       | Office held                                                                                                                                                                 |
|   | Date                                                                                                                                                          |          | Payee name                                                                                                             |                    |                                                       |                              |       |                                                                                                                                                                             |
|   | 10/04/2024                                                                                                                                                    |          | AT&T                                                                                                                   |                    |                                                       |                              |       |                                                                                                                                                                             |
|   | Amount (\$)                                                                                                                                                   |          | Payee address; City;                                                                                                   | State              | ; Zip Co                                              | de                           |       |                                                                                                                                                                             |
|   | \$378.92                                                                                                                                                      |          | 208 S Akard St                                                                                                         |                    |                                                       |                              |       |                                                                                                                                                                             |
|   |                                                                                                                                                               |          |                                                                                                                        |                    |                                                       |                              |       |                                                                                                                                                                             |
|   |                                                                                                                                                               |          | Dallas, TX 75202-4206                                                                                                  |                    |                                                       | <u> </u>                     |       |                                                                                                                                                                             |
|   | PURPOSE<br>OF                                                                                                                                                 | (a)      | Category (See Categories listed at t                                                                                   |                    | nedule)                                               | (b) Description              | outei | ide of Texas. Complete Schedule T.                                                                                                                                          |
|   | EXPENDITURE                                                                                                                                                   |          | Office Overhead/Rental Ex                                                                                              | pense              |                                                       |                              |       | , officeholder living expense                                                                                                                                               |
|   |                                                                                                                                                               |          |                                                                                                                        |                    |                                                       | phone servic                 |       | ,add,                                                                                                                                                                       |
|   |                                                                                                                                                               |          |                                                                                                                        |                    |                                                       |                              | -     |                                                                                                                                                                             |
| - | Complete ONLY if direct                                                                                                                                       | <u>ر</u> | andidate/Officeholder name                                                                                             | (                  | Office sou                                            | aht                          |       | Office held                                                                                                                                                                 |
|   | expenditure to benefit C/Oł                                                                                                                                   |          |                                                                                                                        | · · · ·            |                                                       | , ·                          |       |                                                                                                                                                                             |
|   |                                                                                                                                                               |          |                                                                                                                        |                    |                                                       |                              |       |                                                                                                                                                                             |
|   |                                                                                                                                                               |          |                                                                                                                        |                    |                                                       |                              |       |                                                                                                                                                                             |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |  |  |  |  |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense     Loan Repayment/Reinbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Committee     Legal Services       Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |  |
| 1 | Total pages Schedule F1:                                                                                                                                      | FILER NAME                                                                                                                                                                                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)                                                                                                                                |  |  |  |  |
|   | Sch: 2/8 Rpt: 46/53                                                                                                                                           | Zwiener, Erin A. (The Honorable)                                                                                                                                                                                                                                             | 00081543                                                                                                                                                                    |  |  |  |  |
| 4 | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                                                   |                                                                                                                                                                             |  |  |  |  |
|   | 09/29/2024                                                                                                                                                    | ActBlue                                                                                                                                                                                                                                                                      |                                                                                                                                                                             |  |  |  |  |
| 6 | Amount (\$)<br>\$79.78                                                                                                                                        | 7 Payee address; City; State; Zip Code<br>PO Box 441146<br>West Somerville, MA 02144-0031                                                                                                                                                                                    |                                                                                                                                                                             |  |  |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  | Fees                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |  |  |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                    | Office held                                                                                                                                                                 |  |  |  |  |
|   | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                                                   |                                                                                                                                                                             |  |  |  |  |
|   | 09/30/2024                                                                                                                                                    | ActBlue                                                                                                                                                                                                                                                                      |                                                                                                                                                                             |  |  |  |  |
|   | Amount (\$)<br>\$16.43                                                                                                                                        | Payee address; City; State; Zip Code<br>PO Box 441146<br>West Somerville, MA 02144-0031                                                                                                                                                                                      |                                                                                                                                                                             |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  | Check if Austin,                                                                                                                                                                                                                                                             | outside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>ution processing fees                                                                          |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                    | Office held                                                                                                                                                                 |  |  |  |  |
|   | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                                                   |                                                                                                                                                                             |  |  |  |  |
|   | 10/06/2024                                                                                                                                                    | ActBlue                                                                                                                                                                                                                                                                      |                                                                                                                                                                             |  |  |  |  |
|   | Amount (\$)<br>\$109.49                                                                                                                                       | Payee address;City;State; Zip CodePO Box 441146                                                                                                                                                                                                                              |                                                                                                                                                                             |  |  |  |  |
|   |                                                                                                                                                               | West Somerville, MA 02144-0031                                                                                                                                                                                                                                               |                                                                                                                                                                             |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  | Check if Austin,                                                                                                                                                                                                                                                             | outside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>ution processing fees                                                                          |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                    | Office held                                                                                                                                                                 |  |  |  |  |
|   |                                                                                                                                                               |                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |  |  |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                           |                                                                                         |                                                                                                                                                                             |  |  |  |  |  |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                                                                                         | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |  |  |
| 1 | Total pages Schedule F1:                                                                                                                                      | 2 FILER NAME 3                                                                          | Filer ID (Ethics Commission Filers)                                                                                                                                         |  |  |  |  |  |
| - | Sch: 3/8 Rpt: 47/53                                                                                                                                           | Zwiener, Erin A. (The Honorable)                                                        | 00081543                                                                                                                                                                    |  |  |  |  |  |
| 4 | Date<br>10/13/2024                                                                                                                                            | 5 Payee name<br>ActBlue                                                                 |                                                                                                                                                                             |  |  |  |  |  |
| 6 | Amount (\$)<br>\$151.97                                                                                                                                       |                                                                                         |                                                                                                                                                                             |  |  |  |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  | Epes                                                                                    |                                                                                                                                                                             |  |  |  |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                               | Office held                                                                                                                                                                 |  |  |  |  |  |
|   | Date                                                                                                                                                          | Payee name                                                                              |                                                                                                                                                                             |  |  |  |  |  |
|   | 10/20/2024                                                                                                                                                    | ActBlue                                                                                 |                                                                                                                                                                             |  |  |  |  |  |
|   | Amount (\$)<br>\$204.50                                                                                                                                       | Payee address; City; State; Zip Code<br>PO Box 441146<br>West Somerville, MA 02144-0031 |                                                                                                                                                                             |  |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  | Check if Austin, T.                                                                     | side of Texas. Complete Schedule T.<br>X, officeholder living expense<br>tion processing fees                                                                               |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                               | Office held                                                                                                                                                                 |  |  |  |  |  |
|   | Date                                                                                                                                                          | Payee name                                                                              |                                                                                                                                                                             |  |  |  |  |  |
|   | 10/22/2024                                                                                                                                                    | CFC Consulting LLC                                                                      |                                                                                                                                                                             |  |  |  |  |  |
|   | Amount (\$)<br>\$565.03                                                                                                                                       | Payee address; City; State; Zip Code<br>PO Box 301074                                   |                                                                                                                                                                             |  |  |  |  |  |
|   |                                                                                                                                                               | Austin, TX 78703-0018                                                                   |                                                                                                                                                                             |  |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                         | side of Texas. Complete Schedule T.<br>X, officeholder living expense<br>nsulting                                                                                           |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF                                                                                                 | Candidate/Officeholder name Office sought                                               | Office held                                                                                                                                                                 |  |  |  |  |  |
|   |                                                                                                                                                               |                                                                                         |                                                                                                                                                                             |  |  |  |  |  |

|                                                                                                                                                     | EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                           |                                                                                                                                                                                                                                                       |                                                                                                                                                                             |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|                                                                                                                                                     | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense Loan Repayment/Reinbursement<br>Fees Office Overhead/Rental Expense<br>Food/Beverage Expense Office Supense<br>Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor<br>The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |  |
| 1                                                                                                                                                   | Total pages Schedule F1:                                                                                                                                      |                                                                                                                                                                                                                                                       | <b>3</b> Filer ID (Ethics Commission Filers)                                                                                                                                |  |  |  |  |
|                                                                                                                                                     | Sch: 4/8 Rpt: 48/53                                                                                                                                           | Zwiener, Erin A. (The Honorable)                                                                                                                                                                                                                      | 00081543                                                                                                                                                                    |  |  |  |  |
| 4                                                                                                                                                   | Date<br>10/15/2024                                                                                                                                            | Payee name<br>Centro San Marcos                                                                                                                                                                                                                       |                                                                                                                                                                             |  |  |  |  |
| 6                                                                                                                                                   | Amount (\$)<br>\$300.00                                                                                                                                       | 7       Payee address;       City;       State; Zip Code         00.00       123 Address         Austin, TX 78701                                                                                                                                     |                                                                                                                                                                             |  |  |  |  |
| 8                                                                                                                                                   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  | OF Contributions/Donations Made By                                                                                                                                                                                                                    |                                                                                                                                                                             |  |  |  |  |
| 9                                                                                                                                                   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                                                                                                                                                                                             | Office held                                                                                                                                                                 |  |  |  |  |
|                                                                                                                                                     | Date<br>09/27/2024                                                                                                                                            | Payee name<br>Compete Digital                                                                                                                                                                                                                         |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                     | Amount (\$)<br>\$5,000.00                                                                                                                                     | Payee address;     City;     State;     Zip Code       \$5,000.00     1317 Potomac Ave SE                                                                                                                                                             |                                                                                                                                                                             |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense       (b) Description<br> |                                                                                                                                                               |                                                                                                                                                                                                                                                       |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                     | Complete ONLY if direct expenditure to benefit C/OF                                                                                                           | Candidate/Officeholder name Office sought                                                                                                                                                                                                             | Office held                                                                                                                                                                 |  |  |  |  |
|                                                                                                                                                     | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                            |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                     | 10/21/2024                                                                                                                                                    | Compete Digital                                                                                                                                                                                                                                       |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                     | Amount (\$)<br>\$10,000.00                                                                                                                                    | Payee address;City;State;Zip Code1317 Potomac Ave SE                                                                                                                                                                                                  |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                     |                                                                                                                                                               | Washington, DC 20003-4411                                                                                                                                                                                                                             |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                     | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                                                                                                                                                       | outside of Texas. Complete Schedule T.<br>, TX, officeholder living expense<br>ting                                                                                         |  |  |  |  |
|                                                                                                                                                     | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                                                                                                                                                                                             | Office held                                                                                                                                                                 |  |  |  |  |
|                                                                                                                                                     |                                                                                                                                                               |                                                                                                                                                                                                                                                       |                                                                                                                                                                             |  |  |  |  |

|                                                                                                                                                               | EXPENDITURE CATEGORIES FOR BOX 8(a)                        |                                                                                                                                                                                                                                                    |                                            |                                                                                   |                                                                    |    |                           |                                            |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------|----|---------------------------|--------------------------------------------|----------------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                                                            |                                                                                                                                                                                                                                                    |                                            | ment/Reimbursement<br>head/Rental Expense<br>ense<br>gense<br>ages/Contract Labor | Transportation Equi<br>Travel in District<br>Travel Out of Distric |    | uipment & Related Expense |                                            |                            |
| 1                                                                                                                                                             | Total pages Schedule F1:                                   | 2                                                                                                                                                                                                                                                  | FILER NAME                                 |                                                                                   |                                                                    |    | 3                         | Filer ID                                   | (Ethics Commission Filers) |
|                                                                                                                                                               | Sch: 5/8 Rpt: 49/53                                        |                                                                                                                                                                                                                                                    | Zwiener, Erin A. (Th                       | e Honorable)                                                                      |                                                                    |    |                           | 00081543                                   |                            |
| 4                                                                                                                                                             | Date<br>09/30/2024                                         |                                                                                                                                                                                                                                                    | Payee name<br>Hinojosa, Cynthia M          | arie                                                                              |                                                                    |    |                           |                                            |                            |
| 6                                                                                                                                                             | Amount (\$)                                                |                                                                                                                                                                                                                                                    |                                            |                                                                                   | ; Zip Coo                                                          |    |                           |                                            |                            |
| 0                                                                                                                                                             | \$2,031.16                                                 |                                                                                                                                                                                                                                                    | 2209 E 19th St                             |                                                                                   | , Ζιρ Ου                                                           |    |                           |                                            |                            |
|                                                                                                                                                               |                                                            |                                                                                                                                                                                                                                                    | Mission, TX 78572-3                        | 5248                                                                              |                                                                    |    |                           |                                            |                            |
| 8                                                                                                                                                             | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor (b) Description<br>Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Campaign salary |                                            |                                                                                   |                                                                    |    |                           |                                            |                            |
| 9                                                                                                                                                             | Complete <u>ONLY</u> if direct expenditure to benefit C/OF |                                                                                                                                                                                                                                                    | andidate/Officeholder                      | name C                                                                            | Office soug                                                        | ht |                           | Office he                                  | ld                         |
|                                                                                                                                                               | Date                                                       |                                                                                                                                                                                                                                                    | Payee name                                 |                                                                                   |                                                                    |    |                           |                                            |                            |
|                                                                                                                                                               | 10/15/2024                                                 |                                                                                                                                                                                                                                                    | IRS                                        |                                                                                   |                                                                    |    |                           |                                            |                            |
|                                                                                                                                                               | Amount (\$)                                                |                                                                                                                                                                                                                                                    | Payee address; C                           | ity; State;                                                                       | ; Zip Coo                                                          | le |                           |                                            |                            |
|                                                                                                                                                               | \$1,158.70                                                 |                                                                                                                                                                                                                                                    | 2632 Marine Way<br>Mountain View, CA       |                                                                                   |                                                                    |    |                           |                                            |                            |
|                                                                                                                                                               | PURPOSE<br>OF<br>EXPENDITURE                               |                                                                                                                                                                                                                                                    | Category (See Categorie<br>Fees            | s listed at the top of this sch                                                   | iedule)                                                            |    | I, TX,                    | de of Texas. Comp<br>, officeholder living |                            |
|                                                                                                                                                               | Complete <u>ONLY</u> if direct expenditure to benefit C/OF |                                                                                                                                                                                                                                                    | andidate/Officeholder                      | name C                                                                            | Office soug                                                        | ht |                           | Office he                                  | ld                         |
|                                                                                                                                                               | Date                                                       |                                                                                                                                                                                                                                                    | Payee name                                 |                                                                                   |                                                                    |    |                           |                                            |                            |
|                                                                                                                                                               | 10/02/2024                                                 |                                                                                                                                                                                                                                                    | IRS                                        |                                                                                   |                                                                    |    |                           |                                            |                            |
|                                                                                                                                                               | Amount (\$)<br>\$144.47                                    |                                                                                                                                                                                                                                                    | Payee address; C<br>2632 Marine Way        | ity; State;                                                                       | ; Zip Coo                                                          | le |                           |                                            |                            |
|                                                                                                                                                               |                                                            |                                                                                                                                                                                                                                                    | Mountain View, CA                          | 94043-1126                                                                        |                                                                    |    |                           |                                            |                            |
|                                                                                                                                                               | PURPOSE<br>OF<br>EXPENDITURE                               |                                                                                                                                                                                                                                                    | Category <sub>(See Categorie</sub><br>Fees | s listed at the top of this sch                                                   | edule)                                                             |    | ı, ТХ,                    | de of Texas. Comp<br>, officeholder living |                            |
|                                                                                                                                                               | Complete ONLY if direct expenditure to benefit C/OF        |                                                                                                                                                                                                                                                    | andidate/Officeholder                      | name C                                                                            | Office soug                                                        | ht |                           | Office he                                  | ld                         |
|                                                                                                                                                               |                                                            |                                                                                                                                                                                                                                                    |                                            |                                                                                   |                                                                    |    |                           |                                            |                            |

|                                                                                                                                                               | EXPENDITURE CATEGORIES FOR BOX 8(a)                           |                                                                                                      |                                                                                                                                                                             |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                                                               |                                                                                                      | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |  |
| 1                                                                                                                                                             | Total pages Schedule F1:                                      |                                                                                                      | <b>3</b> Filer ID (Ethics Commission Filers)                                                                                                                                |  |  |  |  |
|                                                                                                                                                               | Sch: 6/8 Rpt: 50/53                                           | Zwiener, Erin A. (The Honorable)                                                                     | 00081543                                                                                                                                                                    |  |  |  |  |
| 4                                                                                                                                                             | Date                                                          | 5 Payee name                                                                                         |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                               | 10/15/2024                                                    | IRS                                                                                                  |                                                                                                                                                                             |  |  |  |  |
| 6                                                                                                                                                             | Amount (\$)<br>\$579.35                                       |                                                                                                      |                                                                                                                                                                             |  |  |  |  |
| 8                                                                                                                                                             | PURPOSE<br>OF<br>EXPENDITURE                                  | Enes                                                                                                 |                                                                                                                                                                             |  |  |  |  |
| 9                                                                                                                                                             | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF | Candidate/Officeholder name Office sought                                                            | Office held                                                                                                                                                                 |  |  |  |  |
|                                                                                                                                                               | Date                                                          | Payee name                                                                                           |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                               | 10/17/2024                                                    | Legislative Solutions                                                                                |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                               | Amount (\$)<br>\$295.00                                       | Payee address; City; State; Zip Code<br>PO Box 5643<br>Austin, TX 78763-5643                         |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                               | PURPOSE<br>OF<br>EXPENDITURE                                  |                                                                                                      | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br><b>vent email</b>                                                                               |  |  |  |  |
|                                                                                                                                                               | Complete <u>ONLY</u> if direct expenditure to benefit C/OF    | Candidate/Officeholder name Office sought                                                            | Office held                                                                                                                                                                 |  |  |  |  |
|                                                                                                                                                               | Date                                                          | Payee name                                                                                           |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                               | 10/02/2024                                                    | NGP Van Inc.                                                                                         |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                               | Amount (\$)<br>\$106.60                                       | Payee address; City; State; Zip Code<br>1445 New York Ave NW<br>Ste 200<br>Washington, DC 20005-2158 |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                               | PURPOSE<br>OF<br>EXPENDITURE                                  |                                                                                                      | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>WARE                                                                                            |  |  |  |  |
|                                                                                                                                                               | Complete ONLY if direct expenditure to benefit C/OF           | Candidate/Officeholder name Office sought                                                            | Office held                                                                                                                                                                 |  |  |  |  |
|                                                                                                                                                               |                                                               |                                                                                                      |                                                                                                                                                                             |  |  |  |  |

|                                                                                                                                                               | EXPENDITURE CATEGORIES FOR BOX 8(a)                        |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                                                            | Event Expense Loan Repayment/Reimbursement<br>Fees Office Overhead/Rental Expense<br>Food/Beverage Expense Polling Expense<br>Gift/Awards/Memorials Expense Printing Expense<br>Legal Services Salaries/Wages/Contract Labor<br>The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |  |
| 1                                                                                                                                                             | Total pages Schedule F1:                                   |                                                                                                                                                                                                                                                                                           | <b>3</b> Filer ID (Ethics Commission Filers)                                                                                                                                |  |  |  |  |
| -                                                                                                                                                             | Sch: 7/8 Rpt: 51/53                                        | Zwiener, Erin A. (The Honorable)                                                                                                                                                                                                                                                          | 00081543                                                                                                                                                                    |  |  |  |  |
| 4                                                                                                                                                             | Date<br>10/02/2024                                         | Payee name<br>NGP Van Inc.                                                                                                                                                                                                                                                                |                                                                                                                                                                             |  |  |  |  |
| 6                                                                                                                                                             | Amount (\$)<br>\$341.12                                    | 7       Payee address; City; State; Zip Code         1.12       1445 New York Ave NW         Ste 200       Washington, DC 20005-2158                                                                                                                                                      |                                                                                                                                                                             |  |  |  |  |
| 8                                                                                                                                                             | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense (b) Description<br>Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>database software                                     |                                                                                                                                                                             |  |  |  |  |
| 9                                                                                                                                                             | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                                 | Office held                                                                                                                                                                 |  |  |  |  |
|                                                                                                                                                               | Date                                                       | Payee name                                                                                                                                                                                                                                                                                |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                               | 09/30/2024                                                 | The Austin Club                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                               | Amount (\$)<br>\$270.00                                    | Payee address; City; State; Zip Code<br>110 E 9th St<br>Austin, TX 78701-2426                                                                                                                                                                                                             |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                               | PURPOSE<br>OF<br>EXPENDITURE                               |                                                                                                                                                                                                                                                                                           | outside of Texas. Complete Schedule T.<br>TX, officeholder living expense                                                                                                   |  |  |  |  |
|                                                                                                                                                               | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                                 | Office held                                                                                                                                                                 |  |  |  |  |
|                                                                                                                                                               | Date                                                       | Payee name                                                                                                                                                                                                                                                                                |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                               | 10/18/2024                                                 | Vista Brewing                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                               | Amount (\$)<br>\$179.34                                    | Payee address; City; State; Zip Code<br>13551 Ranch To Market Rd 15                                                                                                                                                                                                                       |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                               |                                                            | Driftwood, TX 78619                                                                                                                                                                                                                                                                       |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                                               | PURPOSE<br>OF<br>EXPENDITURE                               |                                                                                                                                                                                                                                                                                           | outside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>N                                                                                              |  |  |  |  |
|                                                                                                                                                               | Complete ONLY if direct expenditure to benefit C/OF        | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                                 | Office held                                                                                                                                                                 |  |  |  |  |
|                                                                                                                                                               |                                                            |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |  |  |  |  |

| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees Offi<br>Food/Beverage Expense Pol<br>y - Gift/Awards/Memorials Expense Prir                                     | n Repayment/Reimbursement<br>ce Overhead/Rental Expense<br>ing Expense<br>ting Expense<br>aries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 1 Total pages Schedule F1:                                                                                                                                    | 2 FILER NAME                                                                                                         | 3                                                                                                                    | Filer ID (Ethics Commission Filers)                                                                                                                                         |  |  |
| Sch: 8/8 Rpt: 52/53                                                                                                                                           | Zwiener, Erin A. (The Honorable)                                                                                     |                                                                                                                      | 00081543                                                                                                                                                                    |  |  |
| 4 Date                                                                                                                                                        | 5 Payee name                                                                                                         |                                                                                                                      |                                                                                                                                                                             |  |  |
| 10/18/2024                                                                                                                                                    | Vista Brewing                                                                                                        |                                                                                                                      |                                                                                                                                                                             |  |  |
| 6 Amount (\$)<br>\$245.49                                                                                                                                     | <ul> <li>Payee address; City; State; Zi</li> <li>13551 Ranch To Market Rd 15</li> <li>Driftwood, TX 78619</li> </ul> | o Code                                                                                                               |                                                                                                                                                                             |  |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                | (a) Category (See Categories listed at the top of this schedule<br>Event Expense                                     | Check if travel outs                                                                                                 | side of Texas. Complete Schedule T.<br>K, officeholder living expense                                                                                                       |  |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O                                                                                                   |                                                                                                                      | e sought                                                                                                             | Office held                                                                                                                                                                 |  |  |
| Date                                                                                                                                                          | Payee name                                                                                                           |                                                                                                                      |                                                                                                                                                                             |  |  |
| 10/18/2024                                                                                                                                                    | Worley Printing Company                                                                                              |                                                                                                                      |                                                                                                                                                                             |  |  |
| Amount (\$)                                                                                                                                                   | Payee address; City; State; Zi                                                                                       | o Code                                                                                                               |                                                                                                                                                                             |  |  |
| \$309.60                                                                                                                                                      | 3217 N Interstate 35<br>Austin, TX 78722-2203                                                                        |                                                                                                                      |                                                                                                                                                                             |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  | (a) Category (See Categories listed at the top of this schedule<br>Printing Expense                                  | Check if travel outs                                                                                                 | side of Texas. Complete Schedule T.<br>K, officeholder living expense<br><b>ture</b>                                                                                        |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O                                                                                                     |                                                                                                                      | e sought                                                                                                             | Office held                                                                                                                                                                 |  |  |
|                                                                                                                                                               |                                                                                                                      |                                                                                                                      |                                                                                                                                                                             |  |  |

| POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G                                                                                                       |                                                                                                                    |                                                                                              |                                                                                                                                                                             |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made B<br>Candidate/Officeholder/Politic<br>Credit Card Payment | Fees Office Ov<br>Food/Beverage Expense Polling E<br>y - Gift/Awards/Memorials Expense Printing E                  | bayment/Reimbursement<br>verhead/Rental Expense<br>xpense<br>Expense<br>Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |
| 1 Total pages Schedule G:<br>Sch: 1/1 Rpt: 53/53                                                                                                            | <ul> <li>FILER NAME</li> <li>Zwiener, Erin A. (The Honorable)</li> </ul>                                           |                                                                                              | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081543                                                                                                                    |  |  |
| 4 Date<br>09/27/2024                                                                                                                                        | 5 Payee name<br>Phoebe's Diner                                                                                     |                                                                                              |                                                                                                                                                                             |  |  |
| 6 Amount (\$)<br>\$48.70<br>X political contributions<br>intended                                                                                           | <ul> <li>Payee address; City; State; Zip Co<br/>408 W 11th St</li> <li>Austin, TX 78701</li> </ul>                 | ode                                                                                          |                                                                                                                                                                             |  |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                                                                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                          | (b) Description                                                                              | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense                                                                  |  |  |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH                                                                                          | Candidate/Officeholder name                                                                                        | Office sought                                                                                | Office held                                                                                                                                                                 |  |  |
| Date<br>09/27/2024                                                                                                                                          | Payee name<br>UT Parking Garage                                                                                    |                                                                                              |                                                                                                                                                                             |  |  |
| Amount (\$)<br>\$8.00<br>Reimbursement from<br>political contributions                                                                                      |                                                                                                                    | ode                                                                                          |                                                                                                                                                                             |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                | Austin, TX 78712<br>Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | Description                                                                                  | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense                                                                  |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH                                                                                            | Candidate/Officeholder name                                                                                        | Office sought                                                                                | Office held                                                                                                                                                                 |  |  |
|                                                                                                                                                             |                                                                                                                    |                                                                                              |                                                                                                                                                                             |  |  |