CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00087222	sion Filers)	2 Total pages fil	ed: :9
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE (JSE ONLY
NAME	Mrs.	Jennifer K.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
	Jennie	Birkholz		301117		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
MAILING	3441 Alexandrite Way				Receipt #	Amount
ADDRESS						
Change of Address	Round Rock, TX 78681				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Jennifer K.				
	NICKNAME	LAST		SUFFIX		
		Birkholz				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	3441 Alexandrite Way					
(Residence or Business)						
(Residence of Business)	Round Rock, TX 78681					
7 CAMPAIGN TREASURER		NE NUMBER E	EXTENSION			
PHONE	(512) 581-1938					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after car	mpaign treasurer
		_		_	appointment (offic	ceholder only)
	July 15	8th day before		Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD COVERED	Month Day Year	T1	IDOLICII	Month Day	Year	
OOVERED	10/27/2024	IH	IROUGH	12/31/202	4	
10 FLECTION	ELECTION DATE			ELECTION TYPE		
10 ELECTION	ELECTION DATE Month Day Year		rimary	ELECTION TYPE Runoff	Other	
	11/05/2024		-		ounci	
		ΧG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
				State Represent	ative District 52	
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 39

13 C / OH NAME	14 Filer ID (00087222	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political of these expenditures may have been made officeholders are required to report this in	e without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ADDRESS		
	9. 2919			
		COMMITTEE CAMPAIGN TREASURER	NAME	
		COMMITTEE CAMPAIGN TREASURER	ADDRESS	
16 CONTRIBUTION TOTALS		HER THAN PLEDGES, LOANS, ADE ELECTRONICALLY)	\$ 0.00	
	F LOANS)	\$ 8,413.90		
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 29,057.15
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS C RIOD	OF THE LAST DAY OF THE	\$ 8,703.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO TING PERIOD	DANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
			er penalty of perjury, that the acc ncludes all information required to n Code.	
			Mrs. Jennifer K. Birkholz	
		Sig	nature of Candidate or Officeholo	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid		day
of				
Signature of offi	cer administering	Printed name of officer administering	g Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				CC	OVER SHEE	3 of 39
		R NAM	ME Jennifer K. (Mrs.)	19 Filer ID 00087222	(Ethics Commission	on Filers)
			SUBTOTALS		SUBTOTAL /	AMOUNT
	NAM	E OF S	SCHEDULE		002.027	
	1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,413.90
:	2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
;	3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
,	4.		SCHEDULE E: LOANS	\$		
!	5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$	28,041.27	
	ô.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	540.11	
-	7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
:	3.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
,	9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	475.77
:	10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
:	11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
	12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/17 Rpt: 4/39	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Birkholz, Jer	nnifer K. (Mrs.)			L	00087222	
4	Date 11/19/2024	5 Full name of contributorAhmed, Sarah6 Contributor address; City; S	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Round Rock, TX 78681					
8		pation / Job title (See Instructions	9	Employer (See Instructions	s)		
	Genetic cour	nseior		Labcorp			
	Date 12/19/2024	Full name of contributor Ahmed, Sarah Contributor address; City; S	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$5.00
		Round Rock, TX 78681					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Genetic cour	nselor		Labcorp			
	Date 11/18/2024	Full name of contributor Allen-Savietta, Cora Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
		Austin, TX 78752					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>L</u> S)		
	Statistician		,	Berry Consultants	•		
	Date Full name of contributor out-of-state PAC (10/28/2024 Batson, Vicki					Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Registered n	nurse		Seton Medical Center W	√illi	amson	
	Date 11/12/2024	Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
_	Dringinal aggre	Round Rock, TX 78681	.)	Employer (Soc Instructions	٠, 		
	Registered n	pation / Job title (See Instructions nurse)	Employer (See Instructions Seton Medical Center V		amson	

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 2/17 Rpt: 5/39	
2	FILER NAME Birkholz, Jen	nifer K. (Mrs.)			3	Filer ID (Ethics Commission 00087222	on Filers)
4	Date 12/12/2024	 5 Full name of contributor out-of-state Batson, Vicki 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_	Deire sin al access	Round Rock, TX 78681	- la	Foundation (Construction	Ĺ		
8	Registered n	pation / Job title (See Instructions) urse	9	Employer (See Instructions Seton Medical Center W		amson	
	Date 10/31/2024	Blackard, Patrick M Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Videographe	r		Self			
	Date 10/29/2024	Full name of contributor out-of-state Boots on the Ground PAC Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$2,750.00
		driftwood, TX 78619					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 10/27/2024	Carranza, Susana)		Amount of Contribution (\$)	\$100.00
	Principal occu Chemical En	pation / Job title (See Instructions) gineer		Employer (See Instructions Makel Engineering Inc.)		
	Date 11/13/2024	Full name of contributor out-of-state Carranza, Susana Contributor address; City; State; Zip Code Austin, TX 78701	e PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Chemical En	pation / Job title (See Instructions)		Employer (See Instructions Makel Engineering Inc.	()		
	Chemical Ell	giileei		maker Engineening inc.			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 3/17 Rpt: 6/39	
2	FILER NAME Birkholz, Jer	nnifer K. (Mrs.)			3	Filer ID (Ethics Commission 00087222	n Filers)
4	Date 12/13/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
_		Austin, TX 78701	1-				
8	Principal occu Chemical En	pation / Job title (See Instructions) agineer	9	Employer (See Instructions Makel Engineering Inc.	5)		
	Date 11/05/2024	Full name of contributor out-of-state PAC Chen, Justin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.43
	Principal occu	Mashington, DC 20008 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Software Engineer			Salesforce	,		
	Date 11/06/2024	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$10.00
		Hot Springs, NC 28743					
	Principal occu Merchant	pation / Job title (See Instructions)		Employer (See Instructions Earth Guild	s)		
	Date 11/01/2024	Full name of contributor out-of-state PAC David, Ian Contributor address; City; State; Zip Code Taylor, TX 76574)		Amount of Contribution (\$)	\$25.00
	Principal occu Hospitality	pation / Job title (See Instructions)		Employer (See Instructions Holiday Inn	5)		
	Date 11/21/2024	Full name of contributor out-of-state PAC Dell'Antonio, Andrew Contributor address; City; State; Zip Code Round Rock, TX 78664	(ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions The University of Texas			
	2 2230.						

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/17 Rpt: 7/39	
2	FILER NAME Birkholz, Jer	nnifer K. (Mrs.)		3	Filer ID (Ethics Commission 00087222	Filers)
4	Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Dikelsky, Alexander 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1.16
_	<u> </u>	Seattle, WA 98121				
8	Software de	upation / Job title (See Instructions) veloper	9 Employer (See Instructions Bayer AG)		
	Date 12/08/2024	Full name of contributor out-of-state PAC (ID#:_ Dikelsky, Alexander Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.16
	Principal occu	Seattle, WA 98121 upation / Job title (See Instructions)	Employer (See Instructions)		
	Software de	veloper	Bayer AG			
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ Dominick, Leslie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$35.00
		Austin, TX 78723				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_ Eastwood, Rachel Contributor address; City; State; Zip Code San Francisco, CA 94110			Amount of Contribution (\$)	\$28.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 11/07/2024	Full name of contributor out-of-state PAC (ID#:_ Einhorn, Nancy Contributor address; City; State; Zip Code Round Rock, TX 78681			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL C	CONTRIBUTION	N:	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 5/17 Rpt: 8/39	
2	FILER NAME Birkholz, Jen	ınifer K. (Mrs.)				3	Filer ID (Ethics Commission 00087222	n Filers)
4	Date 12/07/2024	5 Full name of contributorEinhorn, Nancy6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Round Rock, TX 78681 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions) 		
	Not Employe		,		Not Employed	',		
	Date 11/10/2024	Full name of contributor Everett, Paula Contributor address; City; St)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78729				<u></u>		
	Not Employe	pation / Job title (See Instructions ed)		Employer (See Instructions Not Employed	5)		
	Date 11/10/2024	Full name of contributor Fine, Mary Ellen Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$4.17
		Austin, TX 78745						
	Principal occu Retired	pation / Job title (See Instructions			Employer (See Instructions None	5)		
	Date 12/10/2024	Full name of contributor Fine, Mary Ellen Contributor address; City; St Austin, TX 78745	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$4.17
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
	Date 10/30/2024	Full name of contributor Green Wave PAC Contributor address; City; St Taylor, TX 76574	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions		I	Employer (See Instructions	5)		
			<u> </u>					

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 6/17 Rpt: 9/39	
2	FILER NAME Birkholz, Jen	nifer K. (Mrs.)			3	Filer ID (Ethics Commission 00087222	n Filers)
4	Date 10/31/2024	Harrison, Jody	nt-of-state PAC (ID#: p Code)	7	Amount of Contribution (\$)	\$150.00
_	Dringing! aggr	Austin, TX 78748	lo.	Employer (Coo Instructions	<u></u>		
8	Not Employe	pation / Job title (See Instructions) rd		Employer (See Instructions Not Employed)		
	Date 10/27/2024	Hartman, Eric Contributor address; City; State; Zi				Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Not Employe			Not Employed	,		
	Date 11/14/2024	Full name of contributor ou Hiller, Jay Contributor address; City; State; Zi	it-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$10.00
		Austin, TX 78726					
	Principal occu Yoga teache	pation / Job title (See Instructions)		Employer (See Instructions LASR	5)		
Date Full name of contributor out-of-state PAC (III 10/30/2024 Hines, Page		nt-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$100.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/27/2024	Full name of contributor ou Keyburn, Robert Contributor address; City; State; Zi Austin, TX 78727	p Code)		Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
			•				

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/17 Rpt: 10/39		
2	FILER NAME Birkholz, Jen	nnifer K. (Mrs.)			3	Filer ID (Ethics Commission 00087222	n Filers)	
4	Date 11/18/2024	5 Full name of contributor Kondra, Dhanashri6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00	
8	Principal occu Not Employe	Austin, TX 78759 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	<u> </u> ;)			
	Date 10/31/2024	Full name of contributor Lofton, Suzy Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00	
	Principal occu Deputy Supe	Cedar Park, TX 78613 pation / Job title (See Instructions) erintendent		Employer (See Instructions Lago Vista ISD	<u> </u> 5)			
	Date 11/02/2024	Full name of contributor Lutes, Lavern Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$25.00	
	Deinainal accu	Austin, TX 78729	<u> </u>	Franksian (Cooksations	<u></u>			
	Electrical En	pation / Job title (See Instructions) gineer)	Employer (See Instructions Psemi Corporation	•)			
10/31/2024 McCoy, Janetta Contributor address		Full name of contributor McCoy, Janetta Contributor address; City; Sta Taylor, TX 76574	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)			
	Date 11/08/2024	Full name of contributor Meyer, James Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)			

	MONEI	ARY POLITICAL CO	ONTRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 8/17 Rpt: 11/39	
2	FILER NAME Birkholz, Jen	nnifer K. (Mrs.)			3	Filer ID (Ethics Commission 00087222	Filers)
4	Date 12/08/2024	Full name of contributor Meyer, James Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1.00
8	Principal occu Not Employe	Conroe, TX 77348 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 10/30/2024	Full name of contributor Miller, Cyral Contributor address; City; Stat Austin, TX 78756	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$15.00
	Principal occu special ed co	pation / Job title (See Instructions)		Employer (See Instructions Tx School for the Blind a		l Visually Impaired	
	Date 11/30/2024	Full name of contributor Miller, Cyral Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu	Austin, TX 78756 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	special ed co			Tx School for the Blind a		Visually Impaired	
10/27/2024 Nilsen, l		Full name of contributor Nilsen, Benjamin Contributor address; City; Stat Vallejo, CA 94589	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.28
	Principal occu Process Tec	pation / Job title (See Instructions)		Employer (See Instructions Thermo Fisher Scientific			
	Date 10/31/2024	Full name of contributor Oertel, Lauren Contributor address; City; Stat Austin, TX 78754	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$8.34
	Principal occu Organizer	pation / Job title (See Instructions)		Employer (See Instructions Indivisible	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 9/17 Rpt: 12/39	
2	FILER NAME Birkholz, Jen	nnifer K. (Mrs.)			3	Filer ID (Ethics Commission 00087222	on Filers)
4	Date 10/27/2024	5 Full name of contributorPierce, Gretchen6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78704					
8	Principal occu None	pation / Job title (See Instructions)	9	Employer (See Instructions None	5)		
	Date 11/03/2024	Full name of contributor Pinkerton, Heidi Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$6.66
	Principal occu	San Antonio, TX 78223 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Speech Pathologist			Brighton Center			
	Date 10/27/2024	Full name of contributor Pinnelli, Janis Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78763					
	Principal occu none	pation / Job title (See Instructions)		Employer (See Instructions none)		
Date Full name of contributor out-of-state PAC 10/30/2024 RABB, Dorothy)		Amount of Contribution (\$)	\$1.00	
	Principal occu Instructor	pation / Job title (See Instructions)		Employer (See Instructions CTC	()		
	Date 11/20/2024	Full name of contributor Raffaelli, Paulo Contributor address; City; State San Francisco, CA 94112	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$2.08
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Cisco Meraki	<u> </u>		
			ı				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 10/17 Rpt: 13/39		
2	FILER NAME Birkholz, Jen	nifer K. (Mrs.)			3	Filer ID (Ethics Commission 00087222	Filers)
4	Date 12/20/2024	pate 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$2.08	
		San Francisco, CA 94112					
8	Principal occu Engineer	pation / Job title (See Instructions)	9	Employer (See Instructions Cisco Meraki	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/27/2024 Ran, Rochelle Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.66		
	Principal occu	Garland, TX 75044		Employer (See Instructions	·/		
Principal occupation / Job title (See Instructions) Teacher Employer (See Instructions) Garland ISD			»)				
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$6.00	
		Austin, TX 78724					
Principal occupation / Job title (See Instructions) Government Employer Thecb		Employer (See Instructions Thecb	5)				
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$6.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions Thecb	<u>l</u> 5)				
	Date Full name of contributor out-of-state PAC (ID#:) 10/28/2024 Rex, Beth Contributor address; City; State; Zip Code Taylor, TX 76574			Amount of Contribution (\$)	\$15.00		
	Principal occu caregiver	pation / Job title (See Instructions)		Employer (See Instructions Visiting Angels	s)		
		•					

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 11/17 Rpt: 14/39		
2	FILER NAME Birkholz, Jen	nnifer K. (Mrs.)			3	Filer ID (Ethics Commission 00087222	r Filers)
4	Date 11/26/2024			7	Amount of Contribution (\$)	\$15.00	
8	Principal occu	Taylor, TX 76574 pation / Job title (See Instructions	s) 9	Employer (See Instructions	 s)		
	caregiver			Visiting Angels			
	Date Full name of contributor out-of-state PAC (ID#:) 12/26/2024 Rex, Beth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00		
		Taylor, TX 76574					
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions	s)				
caregiver			Visiting Angels				
	Date Full name of contributor out-of-state PAC (ID#:_ 11/25/2024 Rowsey, Jeanette Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$10.00
		Round Rock, TX 78665					
	Principal occu	l	s)	Employer (See Instructions	<u>L</u> s)		
	Not Employe	ed		Not Employed			
	Date Full name of contributor out-of-state PAC (ID#:) 10/28/2024 Ruckriegel, Kara Lee Contributor address; City; State; Zip Code Round Rock, TX 78664			Amount of Contribution (\$)	\$25.00		
Principal occupation / Job title (See Instructions) Not employed		5)	Employer (See Instructions Not employed	s)			
	Date Full name of contributor out-of-state PAC (ID#:) Ruckriegel, Kara Lee Contributor address; City; State; Zip Code Round Rock, TX 78664			Amount of Contribution (\$)	\$10.00		
		pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Not employe	d		Not employed			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 12/17 Rpt: 15/39		
2	FILER NAME Birkholz, Jen	nifer K. (Mrs.)			3	Filer ID (Ethics Commission 00087222	n Filers)
4	Date 12/11/2024	e 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$10.00	
8	Principal occu	Round Rock, TX 78664 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>;)</u>		
•	Not employe			Not employed	-,		
	Date Full name of contributor out-of-state PAC (ID#:) 10/29/2024 Rutishauser, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions)			<u> </u>			
		Not Employed	,				
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00	
		Austin, TX 78731					
Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed		Employer (See Instructions Not Employed	5)				
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00	
Principal occupation / Job title (See Instructions) Employer (S		Employer (See Instructions Not Employed	5)				
	Date Full name of contributor out-of-state PAC (ID#:) 11/01/2024 Schneider, Marilyn Contributor address; City; State; Zip Code Castro Valley, CA 94552		•	Amount of Contribution (\$)	\$2.28		
	Principal occu Physicist	pation / Job title (See Instructions)		Employer (See Instructions Lawrence Livermore Na		nal Laboratory	
			I				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/17 Rpt: 16/39		
2	FILER NAME Birkholz, Jer	nnifer K. (Mrs.)		3	Filer ID (Ethics Commission 00087222	on Filers)	
4	Date 10/30/2024	_ `		7	Amount of Contribution (\$)	\$100.00	
_		Round Rock, TX 78664					
8	Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions) University of Texas)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/27/2024 Spain, Diana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.09		
Austin, TX 78751 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions)				
	Not Employed Not Employed		,				
	Date Full name of contributor out-of-state PAC (ID#:) 11/26/2024 Spain, Diana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.09		
		Austin, TX 78751					
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)			
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.09		
Principal occupation / Job title (See Instructions) Not Employed Not Employed		Employer (See Instructions Not Employed)				
Date Full name of contributor out-of-state PAC (ID#:) 11/04/2024 TexasParent PAC Contributor address; City; State; Zip Code Austin, TX 78703-0051			Amount of Contribution (\$)	\$2,000.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

2 FILER NAME Birkholz, Jennit 4 Date 5 10/27/2024	ion Guide explains how to complete this formation in the	orm.	1 Total pages Schedule A1: Sch: 14/17 Rpt: 17/39
Birkholz, Jennii 4 Date 5 10/27/2024			
4 Date 5 10/27/2024			3 Filer ID (Ethics Commission Filers) 00087222
	Thompson, Denis Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$5.00
	Austin, TX 78752		
8 Principal occupation Programmer	tion / Job title (See Instructions)	9 Employer (See Instructions) University of Texas at At	
Date Full name of contributor out-of-state PAC (ID#:) 11/08/2024 Villarreal, Becky Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$5.00	
Cedar Park, TX 78613 Principal occupation / Job title (See Instructions) Employer (Se		Employer (See Instructions)	
prof		acc)
Date Full name of contributor out-of-state PAC (ID#: 12/08/2024 Villarreal, Becky Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$5.00
	Cedar Park, TX 78613		
Principal occupation	tion / Job title (See Instructions)	Employer (See Instructions)	
Date Full name of contributor Out-of-state PAC (ID#: 11/14/2024 Waelchli, Melissa Contributor address; City; State; Zip Code Austin, TX 78729			Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) AACNS)
Date 11/26/2024			Amount of Contribution (\$) \$4.17
Principal occupat	tion / Job title (See Instructions)	Employer (See Instructions) Ascension	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 15/17 Rpt: 18/39		
2	FILER NAME Birkholz, Jen	nnifer K. (Mrs.)			3	Filer ID (Ethics Commission 00087222	n Filers)
4	Date 12/26/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$4.17	
		Pflugerville, TX 78660					
8	Principal occu RN	pation / Job title (See Instructions)	9	Employer (See Instructions Ascension	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/28/2024 Welch, Pamela Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Round Rock, TX 78665 Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instructions	<u> </u> ;)		
Home Health Worker			In Home Attendant Care	9			
	10/30/2024 Wright, Donna		out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
		Valley Mills, TX 76689					
			Employer (See Instructions Not Employed	s)			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)				
	Date Full name of contributor out-of-state PAC (ID#:) Wukasch, Susan Contributor address; City; State; Zip Code Georgetown, TX 78628			Amount of Contribution (\$)	\$50.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
			·				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 16/17 Rpt: 19/39		
2	FILER NAME Birkholz, Jen	nnifer K. (Mrs.)			3	Filer ID (Ethics Commission 00087222	n Filers)
4	Date 10/27/2024	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$500.00	
		Austin, TX 78746					
8	Principal occu lawyer	pation / Job title (See Instructions)		Employer (See Instructions Wynne & Wynne Austin			
	Date Full name of contributor out-of-state PAC (ID#:) 10/28/2024 Yerby, Barbara Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00		
	Taylor, TX 76574 Principal occupation / Job title (See Instructions) Employer (See Instruction		<u> </u> 5)				
Not Employed Not		Not Employed					
	Date Full name of contributor out-of-state PAC (ID#: 11/11/2024 Zarate, Estevan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00	
		Austin, TX 78729					
	Principal occu Actor	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/11/2024 Zarate, Estevan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
Austin, TX 78729 Principal occupation / Job title (See Instructions) Actor			Employer (See Instructions	<u>l</u> 5)			
	Date Full name of contributor out-of-state PAC (ID#:) 11/16/2024 black, mary Contributor address; City; State; Zip Code Austin, TX 78756			Amount of Contribution (\$)	\$2.08		
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	s)		
			•				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 17/17 Rpt: 20/39		
2	FILER NAME Birkholz, Jen	nnifer K. (Mrs.)			3	Filer ID (Ethics Commission 00087222	Filers)
4	Date 12/16/2024	ate 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$2.08	
0	Dringing aggr	Austin, TX 78756	l _o .	Employer (See Instructions	·/		
8	Not employe	pation / Job title (See Instructions) d		Not employed)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/05/2024 bozarth, william Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.66		
	Fort Worth, TX 76108		<u></u>				
Principal occupation / Job title (See Instructions) Data Engineer		Employer (See Instructions Infosys	5)				
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Austin, TX 78745						
		Employer (See Instructions marsha laine	5)				
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00	
Principal occupation / Job title (See Instructions) online sales			Employer (See Instructions marsha laine	<u> </u> 5)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/29/2024 swed, julianna Contributor address; City; State; Zip Code Hutto, TX 78634			Amount of Contribution (\$)	\$25.00		
	Principal occu Nurse	pation / Job title (See Instructions)		Employer (See Instructions Hutto ISD	5)		
			<u>'</u>				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/16 Rpt: 21/39	Birkholz, Jennifer K. (Mrs.) 00087222
4	Date	5 Payee name
	10/30/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$117.56	PO Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing Fee
		and the second s
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/06/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.66	PO Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing Fee
	Computate ONLY if diseast	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Data	
	Date 11/08/2024	Payee name ActBlue
	Amount (\$) \$0.24	Payee address; City; State; Zip Code PO Box 441146
	Φ0.24	PO 60X 441140
		Somerville, MA 02144
	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/OI	'

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/16 Rpt: 22/39	Birkholz, Jennifer K. (Mrs.) 00087222
4	Date	5 Payee name
	11/14/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.84	PO Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing fees
		a constant of the constant of
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/20/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.47	PO Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Davisa nama
	11/27/2024	Payee name ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.83	PO Box 441146
	Ψ3.03	1 0 80% 441140
		Somerville, MA 02144
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Original Control Control	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:	T	—
_	Total pages Schedule F1: Sch: 3/16 Rpt: 23/39	Birkholz, Jennifer K. (Mrs.)	
4	Date	5 Payee name	
	12/04/2024	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.88	PO Box 441146	
	40.00		
		Somerville, MA 02144	
Ļ		<u> </u>	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Processing Fees	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash	Date	Payes name	_
	12/11/2024	Payee name ActBlue	
		1.000	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.52	PO Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	-	Check if Austin, TX, officeholder living expense	
		Processing Fees	
_	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold	_
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
L		1	_
	Date	Payee name	
	12/18/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.75	PO Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Processing Fees	
	2		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/16 Rpt: 24/39	Birkholz, Jennifer K. (Mrs.) 00087222
4	Date	5 Payee name
	11/15/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.55	410 Terry Ave N
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Supplies
		Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	10/29/2024	Davis Grocery
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.32	400 S Robinson Street
		Taylor, TX 76574
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Volunteer
		Voluntoor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	11/04/2024	Payee name Democracy Engine
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.43	2125 14TH STREET, NW, #101W
		Washington, DC 20009
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transaction Fee
		Transaction i ee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions Donations Made By Candidate/Officeholder/Politica	/ - I Committee	Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services	Polling Ex nse Printing E	kpense Expens			Travel in District Travel Out of Di	
	Credit Card Payment		The Instruction Guide	explains how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 5/16 Rpt: 25/39	Birkholz, Je	ennifer K. (Mrs.)					00087222	
4	Date	5 Payee name	:				_		
	12/02/2024	Democracy							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode				
	\$0.29	1	STREET, NW, #10	ıw					
		Washingto	n, DC 20009						
8	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees		,		=			plete Schedule T.
	EXI ENDITORE					ш.		officeholder living	g expense
						Transaction F	-ee		
_									
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ıght			Office h	ela
	Date	Payee name							
	10/31/2024	Facebook							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$818.00	1 hacker w	ay						
		Menlo Parl	c, CA 94025						
	PURPOSE				(h)	Description			
	OF	Advertising	See Categories listed at the top	of this schedule)	(5)	Description Check if travel	outsi	de of Texas. Con	plete Schedule T.
	EXPENDITURE	Auvertising	Expense			=		officeholder livin	
						Digital ads			
	Complete ONLY if direct		ficeholder name	Office sou	ıght			Office h	eld
	expenditure to benefit C/OI	- 1							
	Date	Payee name							
	10/29/2024	Facebook							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	nde				
	\$743.00	1 hacker w		Otato, 2.p 0					
	Ψ1 10.00	1 Haokoi W	u,						
		Menlo Parl	c, CA 94025						
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising							plete Schedule T.
	EXI ENDITORE					ш	, TX,	officeholder living	g expense
						Digital			
	0 1. 0				Ļ				
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ıght			Office h	eia
<u> </u>	me provided by Toyas F	thice Commice	ion was	othice state ty i	10				Version V// 1 0 5dd2ac

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 6/16 Rpt: 26/39	2 FILER NAME Birkholz, Jennifer K. (Mrs.) 3 Filer ID (Ethics Commission Filers) 00087222
4	<u> </u>	5 Payee name
	10/28/2024	Facebook
6	Amount (\$) \$675.00	7 Payee address; City; State; Zip Code 1 hacker way
		Menlo Park, CA 94025
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital ads
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 11/01/2024	Payee name Facebook
	Amount (\$) \$900.00	Payee address; City; State; Zip Code 1 hacker way
		Menlo Park, CA 94025
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/04/2024	Payee name Facebook
	Amount (\$) \$3,600.00	Payee address; City; State; Zip Code 1 hacker way
		Menlo Park, CA 94025
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Ser				Vages	ete this form.		Travel Out of OTHER (ente		ict ategory not listed above)	
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID		(Ethics Commission Filers	
	Sch: 7/16 Rpt: 27/39		Birkholz, Je		K. (Mrs.)						00087222	2	•	
4	Date	5	Payee name											
	11/05/2024		Facebook											
6	Amount (\$)	7	Payee addres	ss;	City;	State	; Zip Co	de						
	\$1,800.00		1 hacker wa	ay										
			Menlo Park	, CA 94	1025									
8	PURPOSE	(a)	Category (Se	ee Catego	ries listed at the	ton of this sch	iedule)	(b)	Description					_
	OF EXPENDITURE		Advertising				,			outs	ide of Texas. C	ompl	ete Schedule T.	
	LAPENDITORE								_	n, TX	, officeholder liv	ing e	xpense	
									Digital					
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	coholdo	r namo		Office sou	aht			Office	hol	4	
	expenditure to benefit C/OI		Sandidate/Offi	cerioide	i name		Jilice Sou	giit			Office	Hei	<u> </u>	
	Date		Payee name											
	11/14/2024		Facebook											
	Amount (\$)		Payee addres	ss;	City;	State	; Zip Co	de						
	\$590.85		1 hacker wa	ay										
			Menlo Park	, CA 94	1025									
	PURPOSE OF	(a)	Category (Se	ee Catego	ries listed at the	top of this sch	iedule)	(b)	Description					
	EXPENDITURE		Advertising	Expen	se				=		ide of Texas. Co , officeholder liv		ete Schedule T.	
									Digital	, 17	, omeendaer nv	ing c	хрепос	
									3 ***					
	Complete ONLY if direct		Candidate/Offi	ceholde	r name	(Office sou	ght			Office	hel	d	_
	expenditure to benefit C/OI	Н												
	Date		Payee name											_
	11/04/2024		Frost Bank											
	Amount (\$)		Payee addres	ss;	City;	State	; Zip Co	de						
	\$15.00		2710 La Fro	ontera I	Blvd									
			ROund RO	ck, TX	78681									
	PURPOSE	(a)	Category (Se	ee Catego	ries listed at the	top of this sch	iedule)	(b)	Description					
	OF EXPENDITURE		Fees						Check if travel Check if Austin				ete Schedule T.	
									Bank Fee	1, 1 ^	, officeriolder liv	ning e	хрепѕе	
\vdash	Complete ONLY if direct		Candidate/Offi	ceholde	er name	(Office sou	ght			Office	held	d	
	expenditure to benefit C/OI	Н						-						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/16 Rpt: 28/39	Birkholz, Jennifer K. (Mrs.)	00087222
4	Date	5 Payee name	I
	12/10/2024	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$40.28	E. Whitestone	
		Cedar Park, TX 78613	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			Travel
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/Ol		t Office field
-	Date	Davisa nama	
	11/05/2024	Payee name Infocus Campaign	
_			
	Amount (\$) \$6,091.39	Payee address; City; State; Zip Code 4 NE 10th St, #260	
	Φ0,091.39	4 NE 1011 31, #200	
		Oklohomo City, OK 72104	
		Oklahoma City, OK 73104	
	PURPOSE OF	6) (coo canagement and are top or anno constant)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
			Text phone
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	11/18/2024	Lampost Coffee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.27	Main Street	
		Round ROck, TX 78681	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Meeting with community memeber
			Weeting with community memeber
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/O	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Expens Wages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:				3	Filer ID (Ethics Commission Filers)	
	Sch: 9/16 Rpt: 29/39	Birkholz, Jennifer K. (Mrs.)				00087222	
4	Date	5 Payee name					
	12/24/2024	Mailchimp					
6	Amount (\$)	7 Payee address; City; State; Zip C	ode				
	\$63.00	675 Ponce De Leon Ave NE					
		Atlanta, GA 30308					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Solicitation/Fundraising Expense	``		outsi	de of Texas. Complete Schedule T.	
	LAFENDITURE	- -		_		officeholder living expense	
				Communication	υΠ	emaii Service	
9	Complete ONLY if direct	Candidate/Officeholder name Office so	llapt			Office held	
	expenditure to benefit C/O	Canadato/Onicenolael name Office Su	agrit			Office field	
	Date	Payee name					
	11/24/2024	Mailchimp					
	Amount (\$)	Payee address; City; State; Zip C	ode				
	\$63.00	675 Ponce De Leon Ave NE					
		Atlanta, GA 30308					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Solicitation/Fundraising Expense		Check if travel of		de of Texas. Complete Schedule T.	
				—		officeholder living expense s email expense	
				Sommunicalit	J113	э стан охронос	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	I ught			Office held	
	Date	Payee name					
	11/12/2024	Mason Reid Consulting					
	Amount (\$)	Payee address; City; State; Zip C	ode				
	\$5,412.50	PO Box 300624					
		Austin, TX 78703					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Consulting Expense				de of Texas. Complete Schedule T. officeholder living expense	
				Campaign Ad			
				, p g		J	
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught			Office held	
	expenditure to benefit C/OH						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/16 Rpt: 30/39	Birkholz, Jennifer K. (Mrs.) 00087222
4	Date	5 Payee name
	12/27/2024	NPG VAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$131.25	655 15th St. NW, Suite 650
		Washington, DC 20005
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Voter info
		Voter into
_	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/04/2024	NPG VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$131.25	655 15th St. NW, Suite 650
		Washington, DC 20005
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Digital Organizing
		Digital Organizing
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	v
	Date	Payee name
	11/05/2024	NPG VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.41	655 15th St. NW, Suite 650
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Digital Organizing
	0 1. 5	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Superiorde to belieff 0/01	•

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 11/16 Rpt: 31/39	Birkholz, Jennifer K. (Mrs.) 00087222
4	Date	5 Payee name
L	11/06/2024	NPG VAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$113.16	655 15th St. NW, Suite 650
		Washington, DC 20005
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Digital organizing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	H
	Date	Payee name
	12/12/2024	Pressable
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	60 29th St. #343
		San Francisco, CA 94119
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website Hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	11/12/2024	Pressable
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	60 29th St. #343
		San Francisco, CA 94119
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Н

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	n.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 12/16 Rpt: 32/39	Birkholz, Jennifer K. (Mrs.)	00087222
4	Date	5 Payee name	
	10/30/2024	QT	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$36.13	Old Settlers	
		Round Rock, TX 78681	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	I mave m bleanet	travel outside of Texas. Complete Schedule T.
		Gas	Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cinico neid
	Date	Davida nama	
	10/28/2024	Payee name QT	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.62	Old Settlers	
		D I D I TV 70004	
		Round Rock, TX 78681	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Traver in District	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		Gas	3 · p · · ·
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	11/06/2024	QT	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.12	Old Settlers	
		Round Rock, TX 78681	
	PURPOSE	·	n
	OF	, ,	ravel outside of Texas. Complete Schedule T.
	EXPENDITURE		Austin, TX, officeholder living expense
		Gas	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefft C/OI	11	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to com	ıple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/16 Rpt: 33/39	Birkholz, Jennifer K. (Mrs.)		00087222
4	Date	5 Payee name		•
	11/19/2024	QT		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	ie	
	\$24.43	Old Settlers		
		Round Rock, TX 78681		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Gas
				Gas
9	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held
Ĭ	expenditure to benefit C/O		111	Office field
_	Date	Davis asses	_	
	10/30/2024	Payee name Scale to Win		
	Amount (\$) \$660.86		е	
	φ000.00	13742 Harper St		
		Conto Ano. CA 02702		
		Santa Ana, CA 92703		
	PURPOSE OF	, , ,	b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	ļ	Check if Austin, TX, officeholder living expense
				Texting phone
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name	_	
	10/28/2024	Scale to Win		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$1,169.12	13742 Harper St		
		Santa Ana, CA 92703		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Text calls
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/16 Rpt: 34/39	Birkholz, Jennifer K. (Mrs.) 00087222
4	Date	5 Payee name
	11/04/2024	Scale to Win
6	Amount (\$) \$1,115.18	7 Payee address; City; State; Zip Code 13742 Harper St
		Santa Ana, CA 92703
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/07/2024	Scale to Win
	Amount (\$) \$1,209.96	Payee address; City; State; Zip Code 13742 Harper St Santa Ana, CA 92703
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Outreach
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/01/2024	Payee name Squarespace
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 225 Varick St 12th Floor New York, NY 10014
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Domain Website
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to	comp	lete this form.
1	Total pages Schedule F1:	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/16 Rpt: 35/39	Birkholz, Jennifer K. (Mrs.)		00087222
4	Date	Payee name		
	11/13/2024	Target		
6	Amount (\$)	Payee address; City; State; Zip	Code	
	\$62.65	1101 Cbar Ranch		
		Cedar Park, TX 78613		
8	PURPOSE	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Storage
				Storage
9	Complete ONLY if direct	Candidate/Officeholder name Office	nuaht	t Office held
Ĭ	expenditure to benefit C/O	Sandidate/Sinceriolaer Harne Since	ougin	office field
H	Date	Daves name		
	12/03/2024	Payee name Texas Health Institute		
			Codo	
	Amount (\$) \$175.00	Payee address; City; State; Zip 12407 N MoPac Expressway	Code	
	\$175.00	12407 N MOPac Expressway		
		Augtin TV 707E0		
		Austin, TX 78758	———	
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if days outside of rexas. Complete scriedule 1.
				Texas Health Policy forum
	Complete ONLY if direct	Candidate/Officeholder name Office	ought	t Office held
	expenditure to benefit C/O			
	Date	Payee name		
	12/04/2024	Tiffs Treats		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$50.09	4701 TX 183 Toll B2 100		
		Cedar Park, TX 78613		
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				For volunteer
	Complete ONII V if allow	Consideration of the second of		Office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office	ougnt	t Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	OTTER (effet a category flot listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/16 Rpt: 36/39	Birkholz, Jennifer K. (Mrs.)	00087222
4	Date	5 Payee name	
	11/06/2024	Whisky Cake	
6	Amount (\$) \$269.41	7 Payee address; City; State; Zip Code Hoppe Dr	
		Round Rock, TX 78681	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	ovel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense Volunteers
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/14/2024	Your Flyers Delivered	
	Amount (\$) \$1,600.00	Payee address; City; State; Zip Code PO Box Cedar Park, TX 78613	
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	ovel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense ery service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 37/39 Birkholz, Jennifer K. (Mrs.) 00087222 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 11/28/2024 American Printing and Mailing Amount (\$) Payee address; State; Zip Code \$540.11 1606 Headway Cr Austin, TX 78754 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Fliers - Received bill late 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorial Legal Services The Instruction G	s Expense				Travel Out of District OTHER (enter a category not listed about the content of th	ove)
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (Ethics Commissio	n Filers)
	Sch: 1/2 Rpt: 38/39		Birkholz, Je	nnifer K. (Mrs.)					00087222	
4	Date	5	Payee name							
	11/04/2024		Birkholz, Je	nnie						
6	Amount (\$)	7	7 Payee address; City; State; Zip Code							
	\$36.48		3441 Alexa	ndrite Way						
	Reimbursement from political contributions intended		Round Rock	k, TX 78681						
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b) Description	Ch	neck if travel outside of Texas. Complete	e Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense				Ch	neck if Austin, TX, officeholder living exp	ense
							Campaign and v	olur	nteer expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name			Office sought		Office held	
	Date		Payee name							
	11/01/2024		Birkholz, Je	nnie						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$47.74		3441 Alexa	ndrite Way						
	Reimbursement from									
	X political contributions intended		Round Roc	k, TX 78681						
	PURPOSE		Category (Se	ee Categories listed at	the top of this sche	edule)	Description	Ch	neck if travel outside of Texas. Complete	e Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense				Ch	neck if Austin, TX, officeholder living exp	ense
							Campaign volun	teer	meal	
_	Complete ONLY if direct	<u> </u> Car	ndidate/Officel	nolder name			Office sought		Office held	
	expenditure to benefit		5 601							
	C/OH									
	Date		Payee name							
	10/28/2024		Birkholz, Je	nnie						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$101.46		3441 Alexa	ndrite Way						
	Reimbursement from political contributions intended		Round Roc	k, TX 78681						
	PURPOSE		Category (Se	ee Categories listed at	the top of this sche	edule)	Description	Ch	neck if travel outside of Texas. Complete	e Schedule T.
	OF Food/Beverage Expense					Check if Austin, TX, officeholder living expense				
	-						volunteers camp	aigr	n support	
	Complete ONLY if alice of	<u>C</u>	adidata/Office-	aoldor nama			Office country		Office hald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officel	noider name			Office sought		Office held	
I										

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Sch: 2/2 Rpt: 39/39 Birkholz, Jennifer K. (Mrs.) Date Payee name

Birkholz, Jennie

10/31/2024

6	Amount (\$) \$112.00	7 Payee address; City; State; Zip Co 3441 Alexandrite Way	ode							
	Reimbursement from political contributions intended	Round Rock, TX 78681								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	portion of cell pl October	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense hone expense used for campaign in						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held						
	Date	Payee name								
	11/30/2024	Birkholz, Jennie								
Amount (\$)		Payee address; City; State; Zip Code								
	\$112.00	3441 Alexandrite Way								
	Reimbursement from political contributions intended	Round Rock, TX 78681								
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.						
OF EXPENDITURE		Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense						
			Portion of comn	nunication expense used for campaign						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held						
	Date	Payee name								
	11/04/2024	Jennie, Birkholz								
	Amount (\$)	Payee address; City; State; Zip Co	ode							
	\$66.09	3441 Alexandrite Way								
	Reimbursement from political contributions intended	Round Rock, TX 78681								
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.						
OF EXPENDITURE		Food/Beverage Expense		Check if Austin, TX, officeholder living expense						
			volunteer water	, snacks, materials						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held						
ı										