

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00087222	<b>2 Total pages filed:</b> 39	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Mrs.	FIRST Jennifer K.	MI MI	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/15/2025
	NICKNAME Jennie	LAST Birkholz	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 3441 Alexandrite Way  Round Rock, TX 78681		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt #      Amount
				Date Processed
				Date Imaged
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mrs.	FIRST Jennifer K.	MI MI	
	NICKNAME	LAST Birkholz	SUFFIX	
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 3441 Alexandrite Way  Round Rock, TX 78681			
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE (512)	PHONE NUMBER 581-1938	EXTENSION	
<b>8 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9 PERIOD COVERED</b>	Month      Day      Year 10/27/2024	THROUGH		Month      Day      Year 12/31/2024
<b>10 ELECTION</b>	ELECTION DATE Month      Day      Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any)		<b>12 OFFICE SOUGHT (if known)</b> State Representative District 52	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 39

**13** C / OH NAME      Birkholz, Jennifer K. (Mrs.)      **14** Filer ID      (Ethics Commission Filers)  
00087222

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,413.90
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	29,057.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	8,703.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17** AFFIDAVIT

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

Mrs. Jennifer K. Birkholz  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Birkholz, Jennifer K. (Mrs.)	<b>19 Filer ID</b> (Ethics Commission Filers) 00087222
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<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,413.90
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 28,041.27
6. <input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 540.11
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 475.77
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/17 Rpt: 4/39
2 FILER NAME Birkholz, Jennifer K. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087222
4 Date 11/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Sarah	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code  Round Rock, TX 78681	
8 Principal occupation / Job title (See Instructions) Genetic counselor		9 Employer (See Instructions) Labcorp
Date 12/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Sarah	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Genetic counselor		Employer (See Instructions) Labcorp
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen-Savietta, Cora	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Austin, TX 78752	
Principal occupation / Job title (See Instructions) Statistician		Employer (See Instructions) Berry Consultants
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batson, Vicki	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Registered nurse		Employer (See Instructions) Seton Medical Center Williamson
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batson, Vicki	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Registered nurse		Employer (See Instructions) Seton Medical Center Williamson

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/17 Rpt: 5/39
<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 12/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Batson, Vicki <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered nurse		<b>9</b> Employer (See Instructions) Seton Medical Center Williamson
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackard, Patrick M <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Videographer		Employer (See Instructions) Self
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boots on the Ground PAC <hr/> Contributor address; City; State; Zip Code  driftwood, TX 78619	Amount of Contribution (\$)  \$2,750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carranza, Susana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Chemical Engineer		Employer (See Instructions) Makel Engineering Inc.
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carranza, Susana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Chemical Engineer		Employer (See Instructions) Makel Engineering Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/17 Rpt: 6/39
<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carranza, Susana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Chemical Engineer		<b>9</b> Employer (See Instructions) Makel Engineering Inc.
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chen, Justin <hr/> Contributor address; City; State; Zip Code  Washington, DC 20008	Amount of Contribution (\$)  \$1.43
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Salesforce
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crawford, Marshall <hr/> Contributor address; City; State; Zip Code  Hot Springs, NC 28743	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Merchant		Employer (See Instructions) Earth Guild
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) David, Ian <hr/> Contributor address; City; State; Zip Code  Taylor, TX 76574	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Hospitality		Employer (See Instructions) Holiday Inn
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dell'Antonio, Andrew <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) The University of Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/17 Rpt: 7/39
<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 11/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dikelsky, Alexander <hr/> <b>6</b> Contributor address; City; State; Zip Code  Seattle, WA 98121	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1.16</span>
<b>8</b> Principal occupation / Job title (See Instructions) Software developer		<b>9</b> Employer (See Instructions) Bayer AG
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dikelsky, Alexander <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98121	Amount of Contribution (\$) <span style="float:right">\$1.16</span>
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions) Bayer AG
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dominick, Leslie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723	Amount of Contribution (\$) <span style="float:right">\$35.00</span>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eastwood, Rachel <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94110	Amount of Contribution (\$) <span style="float:right">\$28.00</span>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Einhorn, Nancy <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$) <span style="float:right">\$25.00</span>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/17 Rpt: 8/39
<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 12/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Einhorn, Nancy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Everett, Paula <hr/> Contributor address; City; State; Zip Code  Austin, TX 78729	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fine, Mary Ellen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745	Amount of Contribution (\$)  \$4.17
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fine, Mary Ellen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745	Amount of Contribution (\$)  \$4.17
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green Wave PAC <hr/> Contributor address; City; State; Zip Code  Taylor, TX 76574	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/17 Rpt: 9/39
<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrison, Jody <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78748	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hartman, Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hiller, Jay <hr/> Contributor address; City; State; Zip Code  Austin, TX 78726	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Yoga teacher		Employer (See Instructions) LASR
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hines, Page <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keyburn, Robert <hr/> Contributor address; City; State; Zip Code  Austin, TX 78727	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/17 Rpt: 10/39
<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 11/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kondra, Dhanashri <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lofton, Suzy <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Deputy Superintendent		Employer (See Instructions) Lago Vista ISD
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lutes, Lavern <hr/> Contributor address; City; State; Zip Code  Austin, TX 78729	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Electrical Engineer		Employer (See Instructions) Psemi Corporation
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCoy, Janetta <hr/> Contributor address; City; State; Zip Code  Taylor, TX 76574	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meyer, James <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77348	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/17 Rpt: 11/39
<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 12/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meyer, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77348	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Cyral <hr/> Contributor address; City; State; Zip Code  Austin, TX 78756	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) special ed consultant		Employer (See Instructions) Tx School for the Blind and Visually Impaired
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Cyral <hr/> Contributor address; City; State; Zip Code  Austin, TX 78756	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) special ed consultant		Employer (See Instructions) Tx School for the Blind and Visually Impaired
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nilsen, Benjamin <hr/> Contributor address; City; State; Zip Code  Vallejo, CA 94589	Amount of Contribution (\$)  \$2.28
Principal occupation / Job title (See Instructions) Process Technician II		Employer (See Instructions) Thermo Fisher Scientific
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oertel, Lauren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78754	Amount of Contribution (\$)  \$8.34
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) Indivisible

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/17 Rpt: 12/39
<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 10/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pierce, Gretchen	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704		
<b>8</b> Principal occupation / Job title (See Instructions) None		<b>9</b> Employer (See Instructions) None
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pinkerton, Heidi	Amount of Contribution (\$) \$6.66
Contributor address; City; State; Zip Code  San Antonio, TX 78223		
Principal occupation / Job title (See Instructions) Speech Pathologist		Employer (See Instructions) Brighton Center
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pinnelli, Janis	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78763		
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RABB, Dorothy	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code  Sicklerville, NJ 80810		
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) CTC
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raffaelli, Paulo	Amount of Contribution (\$) \$2.08
Contributor address; City; State; Zip Code  San Francisco, CA 94112		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Cisco Meraki

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/17 Rpt: 13/39
<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 12/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raffaelli, Paulo <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Francisco, CA 94112	<b>7</b> Amount of Contribution (\$)  \$2.08
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) Cisco Meraki
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ran, Rochelle <hr/> Contributor address; City; State; Zip Code  Garland, TX 75044	Amount of Contribution (\$)  \$1.66
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Garland ISD
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ranis, Sheri <hr/> Contributor address; City; State; Zip Code  Austin, TX 78724	Amount of Contribution (\$)  \$6.00
Principal occupation / Job title (See Instructions) Government		Employer (See Instructions) Thecb
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ranis, Sheri <hr/> Contributor address; City; State; Zip Code  Austin, TX 78724	Amount of Contribution (\$)  \$6.00
Principal occupation / Job title (See Instructions) Government		Employer (See Instructions) Thecb
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rex, Beth <hr/> Contributor address; City; State; Zip Code  Taylor, TX 76574	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Visiting Angels

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/17 Rpt: 14/39
<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 11/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rex, Beth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Taylor, TX 76574	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) caregiver		<b>9</b> Employer (See Instructions) Visiting Angels
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rex, Beth <hr/> Contributor address; City; State; Zip Code  Taylor, TX 76574	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Visiting Angels
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rowsey, Jeanette <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ruckriegel, Kara Lee <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ruckriegel, Kara Lee <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/17 Rpt: 15/39
<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 12/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ruckriegel, Kara Lee <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78664	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rutishauser, Robert <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rutishauser, Robert <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SALAS-PORRAS, ANA LUISA <hr/> Contributor address; City; State; Zip Code  Austin, TX 78756	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schneider, Marilyn <hr/> Contributor address; City; State; Zip Code  Castro Valley, CA 94552	Amount of Contribution (\$)  \$2.28
Principal occupation / Job title (See Instructions) Physicist		Employer (See Instructions) Lawrence Livermore National Laboratory

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/17 Rpt: 16/39
<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 10/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Vaughan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78664	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) University of Texas
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spain, Diana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751	Amount of Contribution (\$)  \$2.09
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spain, Diana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751	Amount of Contribution (\$)  \$2.09
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spain, Diana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751	Amount of Contribution (\$)  \$2.09
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TexasParent PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-0051	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/17 Rpt: 17/39
<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 10/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Denis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78752	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Programmer		<b>9</b> Employer (See Instructions) University of Texas at Austin
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal, Becky <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) prof		Employer (See Instructions) acc
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal, Becky <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) prof		Employer (See Instructions) acc
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waelchli, Melissa <hr/> 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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ward, M <hr/> Contributor address; City; State; Zip Code  Pflugerville, TX 78660	Amount of Contribution (\$)  \$4.17
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Ascension

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/17 Rpt: 18/39
<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 12/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ward, M <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pflugerville, TX 78660	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$4.17</span>
<b>8</b> Principal occupation / Job title (See Instructions) RN		<b>9</b> Employer (See Instructions) Ascension
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welch, Pamela <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$) <span style="float:right">\$100.00</span>
Principal occupation / Job title (See Instructions) Home Health Worker		Employer (See Instructions) In Home Attendant Care
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Donna <hr/> Contributor address; City; State; Zip Code  Valley Mills, TX 76689	Amount of Contribution (\$) <span style="float:right">\$5.00</span>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wukasch, Susan <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$) <span style="float:right">\$50.00</span>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wukasch, Susan <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$) <span style="float:right">\$50.00</span>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/17 Rpt: 19/39
<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 10/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wynne, Anne	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746		
<b>8</b> Principal occupation / Job title (See Instructions) lawyer		<b>9</b> Employer (See Instructions) Wynne & Wynne Austin
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yerby, Barbara	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Taylor, TX 76574		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zarate, Estevan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zarate, Estevan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) black, mary	Amount of Contribution (\$) \$2.08
Contributor address; City; State; Zip Code  Austin, TX 78756		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/17 Rpt: 20/39
<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 12/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) black, mary	<b>7</b> Amount of Contribution (\$)  \$2.08
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78756		
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) bozarth, william	Amount of Contribution (\$)  \$1.66
Contributor address; City; State; Zip Code  Fort Worth, TX 76108		
Principal occupation / Job title (See Instructions) Data Engineer		Employer (See Instructions) Infosys
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) laine, marsha	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78745		
Principal occupation / Job title (See Instructions) online sales		Employer (See Instructions) marsha laine
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) laine, marsha	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Austin, TX 78745		
Principal occupation / Job title (See Instructions) online sales		Employer (See Instructions) marsha laine
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) swed, julianna	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Hutto, TX 78634		
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hutto ISD

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/16 Rpt: 21/39	<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 10/30/2024	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$117.56	<b>7</b> Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/06/2024	Payee name ActBlue	
Amount (\$) \$50.66	Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/08/2024	Payee name ActBlue	
Amount (\$) \$0.24	Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/16 Rpt: 22/39	<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 11/14/2024	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$2.84	<b>7</b> Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2024	Payee name ActBlue	
Amount (\$) \$3.47	Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/27/2024	Payee name ActBlue	
Amount (\$) \$9.83	Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 3/16 Rpt: 23/39	<b>2</b>	FILER NAME Birkholz, Jennifer K. (Mrs.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00087222
<b>4</b>	Date 12/04/2024	<b>5</b>	Payee name ActBlue		
<b>6</b>	Amount (\$) \$3.88	<b>7</b>	Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 12/11/2024		Payee name ActBlue		
	Amount (\$) \$1.52		Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 12/18/2024		Payee name ActBlue		
	Amount (\$) \$2.75		Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/16 Rpt: 24/39	<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 11/15/2024	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$26.55	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2024	Payee name Davis Grocery	
Amount (\$) \$31.32	Payee address; City; State; Zip Code 400 S Robinson Street  Taylor, TX 76574	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Democracy Engine	
Amount (\$) \$0.43	Payee address; City; State; Zip Code 2125 14TH STREET, NW, #101W  Washington, DC 20009	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 5/16 Rpt: 25/39	<b>2</b>	FILER NAME Birkholz, Jennifer K. (Mrs.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00087222
<b>4</b>	Date 12/02/2024	<b>5</b>	Payee name Democracy Engine		
<b>6</b>	Amount (\$) \$0.29	<b>7</b>	Payee address; City; State; Zip Code 2125 14TH STREET, NW, #101W  Washington, DC 20009		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/31/2024		Payee name Facebook		
	Amount (\$) \$818.00		Payee address; City; State; Zip Code 1 hacker way  Menlo Park, CA 94025		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital ads		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/29/2024		Payee name Facebook		
	Amount (\$) \$743.00		Payee address; City; State; Zip Code 1 hacker way  Menlo Park, CA 94025		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/16 Rpt: 27/39	<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 11/05/2024	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$1,800.00	<b>7</b> Payee address; City; State; Zip Code 1 hacker way  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2024	Payee name Facebook	
Amount (\$) \$590.85	Payee address; City; State; Zip Code 1 hacker way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Frost Bank	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 2710 La Frontera Blvd  ROund ROCK, TX 78681	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 8/16 Rpt: 28/39	<b>2</b>	FILER NAME Birkholz, Jennifer K. (Mrs.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00087222
<b>4</b>	Date 12/10/2024	<b>5</b>	Payee name HEB		
<b>6</b>	Amount (\$) \$40.28	<b>7</b>	Payee address; City; State; Zip Code E. Whitestone  Cedar Park, TX 78613		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/05/2024		Payee name Infocus Campaign		
	Amount (\$) \$6,091.39		Payee address; City; State; Zip Code 4 NE 10th St, #260  Oklahoma City, OK 73104		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text phone		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/18/2024		Payee name Lampost Coffee		
	Amount (\$) \$8.27		Payee address; City; State; Zip Code Main Street  Round Rock, TX 78681		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting with community memeber		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 9/16 Rpt: 29/39	<b>2</b>	FILER NAME Birkholz, Jennifer K. (Mrs.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00087222
<b>4</b>	Date 12/24/2024	<b>5</b>	Payee name Mailchimp		
<b>6</b>	Amount (\$) \$63.00	<b>7</b>	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE  Atlanta, GA 30308		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication email service		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/24/2024		Payee name Mailchimp		
	Amount (\$) \$63.00		Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE  Atlanta, GA 30308		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications email expense		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/12/2024		Payee name Mason Reid Consulting		
	Amount (\$) \$5,412.50		Payee address; City; State; Zip Code PO Box 300624  Austin, TX 78703		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advising		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/16 Rpt: 30/39	<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 12/27/2024	<b>5</b> Payee name NPG VAN	
<b>6</b> Amount (\$) \$131.25	<b>7</b> Payee address; City; State; Zip Code 655 15th St. NW, Suite 650  Washington, DC 20005	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter info
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name NPG VAN	
Amount (\$) \$131.25	Payee address; City; State; Zip Code 655 15th St. NW, Suite 650  Washington, DC 20005	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Organizing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2024	Payee name NPG VAN	
Amount (\$) \$69.41	Payee address; City; State; Zip Code 655 15th St. NW, Suite 650  Washington, DC 20005	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Organizing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/16 Rpt: 31/39	<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 11/06/2024	<b>5</b> Payee name NPG VAN	
<b>6</b> Amount (\$) \$113.16	<b>7</b> Payee address; City; State; Zip Code 655 15th St. NW, Suite 650  Washington, DC 20005	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital organizing
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2024	Payee name Pressable	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 60 29th St. #343  San Francisco, CA 94119	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name Pressable	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 60 29th St. #343  San Francisco, CA 94119	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website hosting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/16 Rpt: 32/39	<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 10/30/2024	<b>5</b> Payee name QT	
<b>6</b> Amount (\$) \$36.13	<b>7</b> Payee address; City; State; Zip Code Old Settlers  Round Rock, TX 78681	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/28/2024	Payee name QT	
Amount (\$) \$35.62	Payee address; City; State; Zip Code Old Settlers  Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/06/2024	Payee name QT	
Amount (\$) \$46.12	Payee address; City; State; Zip Code Old Settlers  Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/16 Rpt: 33/39	<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 11/19/2024	<b>5</b> Payee name QT	
<b>6</b> Amount (\$) \$24.43	<b>7</b> Payee address; City; State; Zip Code Old Settlers  Round Rock, TX 78681	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2024	Payee name Scale to Win	
Amount (\$) \$660.86	Payee address; City; State; Zip Code 13742 Harper St  Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting phone
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2024	Payee name Scale to Win	
Amount (\$) \$1,169.12	Payee address; City; State; Zip Code 13742 Harper St  Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text calls
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/16 Rpt: 34/39	<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 11/04/2024	<b>5</b> Payee name Scale to Win	
<b>6</b> Amount (\$) \$1,115.18	<b>7</b> Payee address; City; State; Zip Code 13742 Harper St  Santa Ana, CA 92703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2024	Payee name Scale to Win	
Amount (\$) \$1,209.96	Payee address; City; State; Zip Code 13742 Harper St  Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Outreach
Complete ONLY if direct expenditure to benefit C/OH	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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/16 Rpt: 35/39	<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 11/13/2024	<b>5</b> Payee name Target	
<b>6</b> Amount (\$) \$62.65	<b>7</b> Payee address; City; State; Zip Code 1101 Cbar Ranch  Cedar Park, TX 78613	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2024	Payee name Texas Health Institute	
Amount (\$) \$175.00	Payee address; City; State; Zip Code 12407 N MoPac Expressway  Austin, TX 78758	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texas Health Policy forum
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2024	Payee name Tiffs Treats	
Amount (\$) \$50.09	Payee address; City; State; Zip Code 4701 TX 183 Toll B2 100  Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For volunteer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/16 Rpt: 36/39	<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087222
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<b>4</b> Date 11/06/2024	<b>5</b> Payee name Whisky Cake
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<b>6</b> Amount (\$) \$269.41	<b>7</b> Payee address; City; State; Zip Code Hoppe Dr  Round Rock, TX 78681
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal with Volunteers
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/14/2024	Payee name Your Flyers Delivered
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Amount (\$) \$1,600.00	Payee address; City; State; Zip Code PO Box  Cedar Park, TX 78613
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flyer delivery service
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: Sch: 1/1 Rpt: 37/39	<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087222
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date 11/28/2024	<b>6</b> Payee name American Printing and Mailing
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<b>7</b> Amount (\$) \$540.11	<b>8</b> Payee address; City; State; Zip Code 1606 Headway Cr  Austin, TX 78754
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fliers - Received bill late
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/2 Rpt: 38/39	<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 11/04/2024	<b>5</b> Payee name Birkholz, Jennie	
<b>6</b> Amount (\$) \$36.48  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 3441 Alexandrite Way  Round Rock, TX 78681	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign and volunteer expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/01/2024	Payee name Birkholz, Jennie	
Amount (\$) \$47.74  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3441 Alexandrite Way  Round Rock, TX 78681	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign volunteer meal
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/28/2024	Payee name Birkholz, Jennie	
Amount (\$) \$101.46  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3441 Alexandrite Way  Round Rock, TX 78681	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense volunteers campaign support
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 2/2 Rpt: 39/39	<b>2</b> FILER NAME Birkholz, Jennifer K. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087222
<b>4</b> Date 10/31/2024	<b>5</b> Payee name Birkholz, Jennie	
<b>6</b> Amount (\$) \$112.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 3441 Alexandrite Way  Round Rock, TX 78681	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense portion of cell phone expense used for campaign in October
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/30/2024	Payee name Birkholz, Jennie	
Amount (\$) \$112.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3441 Alexandrite Way  Round Rock, TX 78681	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Portion of communication expense used for campaign
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/04/2024	Payee name Jennie, Birkholz	
Amount (\$) \$66.09  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3441 Alexandrite Way  Round Rock, TX 78681	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense volunteer water, snacks, materials
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	