

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00080099	2 Total pages filed: 47
3 COMMITTEE NAME Texans for Vaccine Choice PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/14/2025	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 175272 Arlington, TX 76003		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Jackie NICKNAME LAST SUFFIX Schlegel		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 175272 Arlington, TX 76003		
7 CAMPAIGN TREASURER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1321 W. Randol Mill Rdd. Ste. 2006 Arlington, TX 76012		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 876-1645		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2024 12/31/2024		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texans for Vaccine Choice PAC	13 Filer ID (Ethics Commission Filers) 00080099
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,048.80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 30.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,043.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 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.

Ms. Jackie Schlegel

Signature of Campaign Treasurer

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 oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME Texans for Vaccine Choice PAC		18 Filer ID (Ethics Commission Filers) 00080099
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,048.80
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 30.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/42 Rpt: 4/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 12/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75209	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Sr Business Analyst		9 Employer (See Instructions) Travel Industry-Southlake TX
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Business Analyst		Employer (See Instructions) Travel Industry-Southlake TX
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Business Analyst		Employer (See Instructions) Travel Industry-Southlake TX
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Business Analyst		Employer (See Instructions) Travel Industry-Southlake TX
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Business Analyst		Employer (See Instructions) Travel Industry-Southlake TX

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/42 Rpt: 5/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 07/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75209	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Sr Business Analyst		9 Employer (See Instructions) Travel Industry-Southlake TX
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blubaugh, Maria <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blubaugh, Maria <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blubaugh, Maria <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blubaugh, Maria <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/42 Rpt: 6/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blubaugh, Maria <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77386	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Tax Accountant		9 Employer (See Instructions) HCG
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blubaugh, Maria <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookshire, Gay <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$25.97
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookshire, Gay <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$25.97
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookshire, Gay <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$25.97
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/42 Rpt: 7/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookshire, Gay <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703	7 Amount of Contribution (\$) \$25.97
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookshire, Gay <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$25.97
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookshire, Gay <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$25.97
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Dan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Dan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/42 Rpt: 8/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 10/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Dan <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Dan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Dan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Dan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/42 Rpt: 9/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/42 Rpt: 10/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code BALTIMORE, MD 21209		
8 Principal occupation / Job title (See Instructions) Not Sharing		9 Employer (See Instructions) Not Sharing
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code BALTIMORE, MD 21209		
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code BALTIMORE, MD 21209		
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code BALTIMORE, MD 21209		
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code BALTIMORE, MD 21209		
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/42 Rpt: 11/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 07/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy <hr/> 6 Contributor address; City; State; Zip Code BALTIMORE, MD 21209	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Sharing		9 Employer (See Instructions) Not Sharing
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comorote, James <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Telecom		Employer (See Instructions) Security Service Federal Credit Union
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comorote, James <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Telecom		Employer (See Instructions) Security Service Federal Credit Union
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comorote, James <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Telecom		Employer (See Instructions) Security Service Federal Credit Union
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comorote, James <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Telecom		Employer (See Instructions) Security Service Federal Credit Union

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/42 Rpt: 12/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comorote, James <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78258	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Telecom		9 Employer (See Instructions) Security Service Federal Credit Union
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comorote, James <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Telecom		Employer (See Instructions) Security Service Federal Credit Union
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Deleise <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Deleise <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Deleise <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/42 Rpt: 13/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Deleise	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code Tulsa, OK 74105		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Deleise	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Tulsa, OK 74105		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Deleise	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Tulsa, OK 74105		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Caroline	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Caroline	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/42 Rpt: 14/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Caroline	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78681	
8 Principal occupation / Job title (See Instructions) Not Sharing		9 Employer (See Instructions) Not Sharing
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Caroline	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Caroline	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Caroline	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Karin	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Legislative Director		Employer (See Instructions) Texas House of Representatives

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/42 Rpt: 15/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 10/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Karin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Legislative Director		9 Employer (See Instructions) Texas House of Representatives
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Karin <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Legislative Director		Employer (See Instructions) Texas House of Representatives
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Karin <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Legislative Director		Employer (See Instructions) Texas House of Representatives
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Karin <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Legislative Director		Employer (See Instructions) Texas House of Representatives
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellington, Alison <hr/> Contributor address; City; State; Zip Code Selma, TX 78154	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/42 Rpt: 16/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellington, Alison	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Selma, TX 78154		
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Sahm
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellington, Alison	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Selma, TX 78154		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellington, Alison	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Selma, TX 78154		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellington, Alison	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Selma, TX 78154		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellington, Alison	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Selma, TX 78154		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/42 Rpt: 17/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 12/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Aneta	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code McGregor, TX 76657		
8 Principal occupation / Job title (See Instructions) Escrow asst.		9 Employer (See Instructions) Tct
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Aneta	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McGregor, TX 76657		
Principal occupation / Job title (See Instructions) Escrow asst.		Employer (See Instructions) Tct
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Aneta	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McGregor, TX 76657		
Principal occupation / Job title (See Instructions) Escrow asst.		Employer (See Instructions) Tct
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Aneta	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McGregor, TX 76657		
Principal occupation / Job title (See Instructions) Escrow asst.		Employer (See Instructions) Tct
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Aneta	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McGregor, TX 76657		
Principal occupation / Job title (See Instructions) Escrow asst.		Employer (See Instructions) Tct

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/42 Rpt: 18/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 07/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Aneta <hr/> 6 Contributor address; City; State; Zip Code McGregor, TX 76657	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Escrow asst.		9 Employer (See Instructions) Tct
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code Watauga, TX 76148	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code Watauga, TX 76148	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code Watauga, TX 76148	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code Watauga, TX 76148	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/42 Rpt: 19/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 10/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> 6 Contributor address; City; State; Zip Code Watauga, TX 76148	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Childcare		9 Employer (See Instructions) Self
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code Watauga, TX 76148	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code Watauga, TX 76148	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code Watauga, TX 76148	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code Watauga, TX 76148	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/42 Rpt: 20/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code Watauga, TX 76148		
8 Principal occupation / Job title (See Instructions) Not Sharing		9 Employer (See Instructions) Not Sharing
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Watauga, TX 76148		
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Watauga, TX 76148		
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Rockwall, TX 75032		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Rockwall, TX 75032		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/42 Rpt: 21/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Rockwall, TX 75032		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Rockwall, TX 75032		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Rockwall, TX 75032		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Rockwall, TX 75032		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie	Amount of Contribution (\$) \$15.58
Contributor address; City; State; Zip Code San Antonio, TX 78266		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/42 Rpt: 22/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 11/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie	7 Amount of Contribution (\$) \$15.58
6 Contributor address; City; State; Zip Code San Antonio, TX 78266		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Aerodyne Industries
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie	Amount of Contribution (\$) \$15.58
Contributor address; City; State; Zip Code San Antonio, TX 78266		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie	Amount of Contribution (\$) \$15.58
Contributor address; City; State; Zip Code San Antonio, TX 78266		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie	Amount of Contribution (\$) \$15.58
Contributor address; City; State; Zip Code San Antonio, TX 78266		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie	Amount of Contribution (\$) \$15.58
Contributor address; City; State; Zip Code San Antonio, TX 78266		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/42 Rpt: 23/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffis, Alisa	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Murchison, TX 75778		
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) NOYB
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffis, Alisa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Murchison, TX 75778		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) NOYB
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffis, Alisa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Murchison, TX 75778		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) NOYB
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruben, Julie	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Allen, TX 75013		
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruben, Julie	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Allen, TX 75013		
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/42 Rpt: 24/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 10/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruben, Julie	7 Amount of Contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code Allen, TX 75013		
8 Principal occupation / Job title (See Instructions) chiropractor		9 Employer (See Instructions) self
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruben, Julie	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Allen, TX 75013		
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruben, Julie	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Allen, TX 75013		
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruben, Julie	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Allen, TX 75013		
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Maureen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Fort Worth, TX 76109		
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Nancy Smith

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/42 Rpt: 25/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Maureen <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) caregiver		9 Employer (See Instructions) Nancy Smith
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Maureen <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Nancy Smith
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Maureen <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Nancy Smith
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Maureen <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Nancy Smith
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Maureen <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Nancy Smith

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/42 Rpt: 26/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbelin, Patricia	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Waco, TX 76712		
8 Principal occupation / Job title (See Instructions) Emergency preparedness		9 Employer (See Instructions) CATRAC
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbelin, Patricia	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Waco, TX 76712		
Principal occupation / Job title (See Instructions) Emergency preparedness		Employer (See Instructions) CATRAC
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbelin, Patricia	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Waco, TX 76712		
Principal occupation / Job title (See Instructions) Emergency preparedness		Employer (See Instructions) CATRAC
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbelin, Patricia	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Waco, TX 76712		
Principal occupation / Job title (See Instructions) Emergency preparedness		Employer (See Instructions) CATRAC
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbelin, Patricia	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Waco, TX 76712		
Principal occupation / Job title (See Instructions) Emergency preparedness		Employer (See Instructions) CATRAC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/42 Rpt: 27/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbelin, Patricia	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Waco, TX 76712		
8 Principal occupation / Job title (See Instructions) Emergency preparedness		9 Employer (See Instructions) CATRAC
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holley, Ariel	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Denison, TX 75021		
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) Fulbellis
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holley, Ariel	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Denison, TX 75021		
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) Fulbellis
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holley, Ariel	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Denison, TX 75021		
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) Fulbellis
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holley, Ariel	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Denison, TX 75021		
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) Fulbellis

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/42 Rpt: 28/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holley, Ariel	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Denison, TX 75021		
8 Principal occupation / Job title (See Instructions) Server		9 Employer (See Instructions) Fulbellis
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holley, Ariel	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Denison, TX 75021		
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) Fulbellis
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Tiffany	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Fort Worth, TX 76123		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Tiffany	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Fort Worth, TX 76123		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Tiffany	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Fort Worth, TX 76123		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/42 Rpt: 29/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 09/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Tiffany <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76123	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Self
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Tiffany <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Tiffany <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Jessica <hr/> Contributor address; City; State; Zip Code College Station, TX 77840	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Whataburger
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Jessica <hr/> Contributor address; City; State; Zip Code College Station, TX 77840	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Whataburger

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/42 Rpt: 30/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Jessica <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77840	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Cashier		9 Employer (See Instructions) Whataburger
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Jessica <hr/> Contributor address; City; State; Zip Code College Station, TX 77840	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Whataburger
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Corrie <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Corrie <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Corrie <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/42 Rpt: 31/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 09/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Corrie	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Boerne, TX 78006		
8 Principal occupation / Job title (See Instructions) Deputy TAC		9 Employer (See Instructions) Kendall County
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Corrie	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Boerne, TX 78006		
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Corrie	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Boerne, TX 78006		
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code LUBBOCK, TX 79416		
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code LUBBOCK, TX 79416		
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/42 Rpt: 32/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 10/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary 6 Contributor address; City; State; Zip Code LUBBOCK, TX 79416	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Sharing		9 Employer (See Instructions) Not Sharing
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary Contributor address; City; State; Zip Code LUBBOCK, TX 79416	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary Contributor address; City; State; Zip Code LUBBOCK, TX 79416	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary Contributor address; City; State; Zip Code LUBBOCK, TX 79416	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Lindsey Contributor address; City; State; Zip Code Wimberley, TX 78676	Amount of Contribution (\$) \$25.97
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/42 Rpt: 33/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Lindsey	7 Amount of Contribution (\$) \$25.97
6 Contributor address; City; State; Zip Code Wimberley, TX 78676		
8 Principal occupation / Job title (See Instructions) Chiropractor		9 Employer (See Instructions) Self
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Lindsey	Amount of Contribution (\$) \$25.97
Contributor address; City; State; Zip Code Wimberley, TX 78676		
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Lindsey	Amount of Contribution (\$) \$25.97
Contributor address; City; State; Zip Code Wimberley, TX 78676		
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Lindsey	Amount of Contribution (\$) \$25.97
Contributor address; City; State; Zip Code Wimberley, TX 78676		
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Lindsey	Amount of Contribution (\$) \$25.97
Contributor address; City; State; Zip Code Wimberley, TX 78676		
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/42 Rpt: 34/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 12/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGurn, Patricia	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78266	
8 Principal occupation / Job title (See Instructions) sales		9 Employer (See Instructions) self
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGurn, Patricia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Antonio, TX 78266	
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGurn, Patricia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Antonio, TX 78266	
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGurn, Patricia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Antonio, TX 78266	
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGurn, Patricia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Antonio, TX 78266	
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/42 Rpt: 35/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 07/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGurn, Patricia <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78266	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) sales		9 Employer (See Instructions) self
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod Gordon, Dina Michele <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) SAP
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod Gordon, Dina Michele <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) SAP
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod Gordon, Dina Michele <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) SAP
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod Gordon, Dina Michele <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) SAP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/42 Rpt: 36/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 08/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod Gordon, Dina Michele <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77386	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Executive Assistant		9 Employer (See Instructions) SAP
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod Gordon, Dina Michele <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) SAP
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, Krysti <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, Krysti <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, Krysti <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/42 Rpt: 37/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, Krysti	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Waco, TX 76710		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molinario, Kelly	Amount of Contribution (\$) \$20.78
Contributor address; City; State; Zip Code Houston, TX 77058		
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) University of Houston System
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molinario, Kelly	Amount of Contribution (\$) \$20.78
Contributor address; City; State; Zip Code Houston, TX 77058		
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) University of Houston System
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molinario, Kelly	Amount of Contribution (\$) \$20.78
Contributor address; City; State; Zip Code Houston, TX 77058		
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) University of Houston System
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molinario, Kelly	Amount of Contribution (\$) \$20.78
Contributor address; City; State; Zip Code Houston, TX 77058		
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) University of Houston System

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/42 Rpt: 38/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 08/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molinario, Kelly	7 Amount of Contribution (\$) \$20.78
6 Contributor address; City; State; Zip Code Houston, TX 77058		
8 Principal occupation / Job title (See Instructions) Academic Advisor		9 Employer (See Instructions) University of Houston System
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molinario, Kelly	Amount of Contribution (\$) \$20.78
Contributor address; City; State; Zip Code Houston, TX 77058		
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) University of Houston System
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morfin, Lisa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code La Porte, TX 77571		
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morfin, Lisa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code La Porte, TX 77571		
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morfin, Lisa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code La Porte, TX 77571		
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/42 Rpt: 39/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morfin, Lisa	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code La Porte, TX 77571		
8 Principal occupation / Job title (See Instructions) Music teacher		9 Employer (See Instructions) Pasadena ISD
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morfin, Lisa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code La Porte, TX 77571		
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morfin, Lisa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code La Porte, TX 77571		
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Kelsey	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Colorado City, TX 79512		
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Kelsey	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Colorado City, TX 79512		
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/42 Rpt: 40/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 10/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Kelsey <hr/> 6 Contributor address; City; State; Zip Code Colorado City, TX 79512	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Farmer		9 Employer (See Instructions) Self
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Kelsey <hr/> Contributor address; City; State; Zip Code Colorado City, TX 79512	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Kelsey <hr/> Contributor address; City; State; Zip Code Colorado City, TX 79512	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Kelsey <hr/> Contributor address; City; State; Zip Code Colorado City, TX 79512	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Erica <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/42 Rpt: 41/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Erica <hr/> 6 Contributor address; City; State; Zip Code Rowlett, TX 75089	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Manager, Technical Support		9 Employer (See Instructions) Mitel
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Erica <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Erica <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Erica <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Erica <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/42 Rpt: 42/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 12/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Caddo Mills, TX 75135	
8 Principal occupation / Job title (See Instructions) SAHM		9 Employer (See Instructions) Taylor Family
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Caddo Mills, TX 75135	
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Taylor Family
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Caddo Mills, TX 75135	
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Taylor Family
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Caddo Mills, TX 75135	
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Taylor Family
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Caddo Mills, TX 75135	
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Taylor Family

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/42 Rpt: 43/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 07/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Caddo Mills, TX 75135		
8 Principal occupation / Job title (See Instructions) SAHM		9 Employer (See Instructions) Taylor Family
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dalsem, Michelle	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dalsem, Michelle	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dalsem, Michelle	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dalsem, Michelle	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/42 Rpt: 44/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 08/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dalsem, Michelle <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dalsem, Michelle <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Mary <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Mary <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Mary <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/42 Rpt: 45/47
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 09/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Mary	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76107		
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) 809 at Vickery
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Mary	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Fort Worth, TX 76107		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Mary	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Fort Worth, TX 76107		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 46/47	2 FILER NAME Texans for Vaccine Choice PAC	3 Filer ID (Ethics Commission Filers) 00080099
4 Date 12/31/2024	5 Payee name Frost Bank	
6 Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 100 W Houston St San Antonio, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2024	Payee name Frost Bank	
Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 W Houston St San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2024	Payee name Frost Bank	
Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 W Houston St San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
Complete 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.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 47/47	2 FILER NAME Texans for Vaccine Choice PAC	3 Filer ID (Ethics Commission Filers) 00080099
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4 Date 09/30/2024	5 Payee name Frost Bank
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6 Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 100 W Houston St San Antonio, TX 78205
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/30/2024	Payee name Frost Bank
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Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 W Houston St San Antonio, TX 78205
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
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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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Date 07/31/2024	Payee name Frost Bank
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Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 W Houston St San Antonio, TX 78205
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
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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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