

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088213	2 Total pages filed: 56
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Merrie A.	MI	OFFICE USE ONLY <hr/> Date Received ELECTRONICALLY FILED 01/15/2025
	NICKNAME LAST Fox	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 2224 Sur Ave New Braunfels, TX 78132		Date Hand-delivered or Date Postmarked
			Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Randall B.	MI	
	NICKNAME LAST Rice	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 249 Northridge New Braunfels, TX 78132		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 501-5632		
8 REPORT TYPE	<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)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2024 12/31/2024		
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Fox, Merrie A.	14 Filer ID (Ethics Commission Filers) 00088213
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	19,585.09
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	16,780.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	4,724.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

Merrie A. Fox

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

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18 FILER NAME Fox, Merrie A.		19 Filer ID (Ethics Commission Filers) 00088213
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,362.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,223.09
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	\$ 16,430.75
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 350.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/38 Rpt: 4/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 08/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABERNATHY, ROBERT <hr/> 6 Contributor address; City; State; Zip Code BOERNE, TX 78006	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AIDEN, MARILYN <hr/> Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AIDEN, MARILYN <hr/> Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AIDEN, MARILYN <hr/> Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AIDEN, MARILYN <hr/> Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$35.00
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: 2/38 Rpt: 5/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLSUP, ASHLEY <hr/> 6 Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78130	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDERSON, ALICE <hr/> Contributor address; City; State; Zip Code DRIFTWOOD, TX 78619	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDERSON-DUNST, SHIRLEY <hr/> Contributor address; City; State; Zip Code DRIPPING SPRINGS, TX 78620	Amount of Contribution (\$) \$375.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANTHONY, PHILIP <hr/> Contributor address; City; State; Zip Code LEANDER, TX 78641	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alsdorf, Mary Beth <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/38 Rpt: 6/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 08/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENTCH, SUE <hr/> 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78624	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRENZEL, LIAM <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78260	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, GLORIA <hr/> Contributor address; City; State; Zip Code BLANCO, TX 78606	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, GLORIA <hr/> Contributor address; City; State; Zip Code BLANCO, TX 78606	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUCCI, JACKI <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78218	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/38 Rpt: 7/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUCHANAN, CAROL <hr/> 6 Contributor address; City; State; Zip Code BOERNE, TX 78006	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUCHANAN, PATIENCE <hr/> Contributor address; City; State; Zip Code DRIPPING SPRINGS, TX 78620	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) UK		Employer (See Instructions) UK
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco County Democratic Party <hr/> Contributor address; City; State; Zip Code Johnson City, TX 78636	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bray, Laura <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAIN, ELIZABETH <hr/> Contributor address; City; State; Zip Code BOERNE, TX 78006	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/38 Rpt: 8/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 10/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, ERIC	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code NORTH HOLLYWOOD, CA 91606		
8 Principal occupation / Job title (See Instructions) TEACHER		9 Employer (See Instructions) BURBANK ISD
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASSO, ANDREA	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code SAN ANTONIO, TX 78259		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHIEGO, LIZ	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code SAN ANTONIO, TX 78218		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, NICOLLE	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78130		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLBURN, LAURA	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code AUSTIN, TX 78737-4858		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/38 Rpt: 9/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLBURN, LAURA <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78737-4858	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLBURN, LAURA <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78737-4858	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLBURN, LAURA <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78737-4858	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLBURN, LAURA <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78737-4858	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLLINS, EUGENIA <hr/> Contributor address; City; State; Zip Code BLAIRSVILLE, GA 30512	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) UK		Employer (See Instructions) UK

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/38 Rpt: 10/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 08/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COMEAUX, Bob <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78232	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CUMMINS, TOM <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78249	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carey, Pamela <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chidgey, Terri <hr/> Contributor address; City; State; Zip Code San Antonio , TX 78260	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIELS, NANCY <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78217	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/38 Rpt: 11/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 07/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVENPORT, MEREDITH <hr/> 6 Contributor address; City; State; Zip Code WIMBERLEY, TX 78676	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEFELICE, REBECCA <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Margaret <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Democratic Women of Comal County <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$1,750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dooley, Antionette <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/38 Rpt: 12/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 09/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duff, Scott <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78218	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLIOTT, CHRIS <hr/> Contributor address; City; State; Zip Code DRIFTWOOD, TX 78619	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FEW, LYNN <hr/> Contributor address; City; State; Zip Code WIMBERLY, TX 78676	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, RA <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEYER, LYNN <hr/> Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/38 Rpt: 13/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEYER, LYNN <hr/> 6 Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78130	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEYER, LYNN <hr/> Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEYER, LYNN <hr/> Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$50.00
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#: _____) GLASS, CLAUDIA <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78247	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOLL, MARK <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78266	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/38 Rpt: 14/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 08/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, CHARLES <hr/> 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78212	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGERSEN, GIGI <hr/> Contributor address; City; State; Zip Code NEW BRAUNFLES, TX 78132	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) NAVARRO ISD
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HADA, CLARA <hr/> Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENNING, KEVIN <hr/> Contributor address; City; State; Zip Code BOERNE, TX 78006-5934	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENNING, KEVIN <hr/> Contributor address; City; State; Zip Code BOERNE, TX 78006-5934	Amount of Contribution (\$) \$100.00
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: 12/38 Rpt: 15/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HIATT, SUSAN <hr/> 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HIXON, MARTHA <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78232	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HULL, MEGAN <hr/> Contributor address; City; State; Zip Code WASHINGTON DC, DC 20007	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUTH, JESSE <hr/> Contributor address; City; State; Zip Code WIMBERLEY, TX 78676	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUTH, JESSE <hr/> Contributor address; City; State; Zip Code WIMBERLEY, TX 78676	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/38 Rpt: 16/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 07/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUTH, JESSE <hr/> 6 Contributor address; City; State; Zip Code WIMBERLEY, TX 78676	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harlow, Gary <hr/> Contributor address; City; State; Zip Code Woodcreek, TX 78767	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heye, Mary <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Tracey <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, JOSHUA <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78749	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) UK		Employer (See Instructions) UK

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/38 Rpt: 17/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KILMER, MICHELLE <hr/> 6 Contributor address; City; State; Zip Code SAN PABLO, CA 94806	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KILMER, MICHELLE <hr/> Contributor address; City; State; Zip Code SAN PABLO, CA 94806	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall County Democratic Party <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$133.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraft, VM <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78270	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kron, Tom & Carla <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/38 Rpt: 18/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 09/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LASER, DANIEL	7 Amount of Contribution (\$) \$18.00
6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78230		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEVERMANN, CHRISTINE	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code DALE, TX 78616		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LILIEHOLM, ROB	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code HAMPDEN, ME 04444		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIU, DAN	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code AUSTIN, TX 78737		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOWE-SOLIS, MICHELLE	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/38 Rpt: 19/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 08/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyton, Peg <hr/> 6 Contributor address; City; State; Zip Code Boerne, TX 78006	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, Shannon <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGILL, LAURIE <hr/> Contributor address; City; State; Zip Code CANYON LAKE, TX 78133	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCNABB, DEBORAH <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCNABB, DEBORAH <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/38 Rpt: 20/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEYER, KAY <hr/> 6 Contributor address; City; State; Zip Code SCHERTZ, TX 78154	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) SMALL BUSINESS OWNER		9 Employer (See Instructions) NEXUS HORIZONS, LLC
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, ROBERT <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78247	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, ROBERT <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78247	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, ROBERT <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78247	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, ROBERT <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78247	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/38 Rpt: 21/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 09/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, ROBERT <hr/> 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78247	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, ROBERT <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78247	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, ROBERT <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78247	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTALVO, DIANE <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78232	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTROSE, MARK <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78702	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/38 Rpt: 22/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRISON, MARK <hr/> 6 Contributor address; City; State; Zip Code BULVERDE, TX 78163	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRISON, MARK <hr/> Contributor address; City; State; Zip Code BULVERDE, TX 78163	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRISON, MARK <hr/> Contributor address; City; State; Zip Code BULVERDE, TX 78163	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRISON, MARK <hr/> Contributor address; City; State; Zip Code BULVERDE, TX 78163	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUIR, ANN <hr/> Contributor address; City; State; Zip Code BOERNE, TX 78006	Amount of Contribution (\$) \$100.00
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: 20/38 Rpt: 23/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 09/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Norma	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78209		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NELSON, DEBRA	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NELSON, DEBRA	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NELSON, DEBRA	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEWTON, MONICA	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code AUSTIN, TX 78373		
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) DRIPPING SPRINGS ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/38 Rpt: 24/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 07/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NIES, COLETE <hr/> 6 Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78130	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) THEOLOGIAN/RESEARCHER		9 Employer (See Instructions) SELF
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NIKOLATOS, JOHN <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78228	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) UK		Employer (See Instructions) UK
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NUTTALL, PATRICK <hr/> Contributor address; City; State; Zip Code TERILL HILLS, TX 78209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NUTTALL, PATRICK <hr/> Contributor address; City; State; Zip Code TERILL HILLS, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'BRIEN, SUSANNE <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78259	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/38 Rpt: 25/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 08/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'BRIEN, SUSANNE <hr/> 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78259	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OHMAN, REBECCA <hr/> Contributor address; City; State; Zip Code ARLINGTON, TX 76002	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OVERTON, DAVID <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78723	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) PARTNER		Employer (See Instructions) OPUS FAVEO INNOVATION DEVELOPER
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARMA, CHRISTOPHER <hr/> Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARMA, CHRISTOPHER <hr/> Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/38 Rpt: 26/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK, TERESA	7 Amount of Contribution (\$) \$45.00
6 Contributor address; City; State; Zip Code BULVERDE , TX 78163		
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK, TERESA	Amount of Contribution (\$) \$45.00
Contributor address; City; State; Zip Code BULVERDE , TX 78163		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK, TERESA	Amount of Contribution (\$) \$45.00
Contributor address; City; State; Zip Code BULVERDE , TX 78163		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK, TERESA	Amount of Contribution (\$) \$45.00
Contributor address; City; State; Zip Code BULVERDE , TX 78163		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEOPLES, KAREN	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code AUSTIN, TX 78702		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/38 Rpt: 27/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIERCE, JEANETTE	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78217		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PITTS, SUZANNE	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code BOERNE, TX 78006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PYLE, SUANNE	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code BOERNE, TX 78006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PYLE, SUANNE	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code BOERNE, TX 78006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pylar, Dabid	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code San Antonio, TX 78247		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/38 Rpt: 28/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 11/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYBUCK, SUSAN	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code WIMBERLEY, TX 78676		
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYBUCK, SUSAN	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code WIMBERLEY, TX 78676		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYBUCK, SUSAN	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code WIMBERLEY, TX 78676		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYBUCK, SUSAN	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code WIMBERLEY, TX 78676		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYBUCK, SUSAN	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code WIMBERLEY, TX 78676		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/38 Rpt: 29/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 10/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REILLY, JACKIE <hr/> 6 Contributor address; City; State; Zip Code KYLE, TX 78640-8925	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) SWIM INSTRUCTOR		9 Employer (See Instructions) YMCA
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REILLY, JACKIE <hr/> Contributor address; City; State; Zip Code KYLE, TX 78640-8925	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SWIM INSTRUCTOR		Employer (See Instructions) YMCA
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REILLY, JACKIE <hr/> Contributor address; City; State; Zip Code KYLE, TX 78640-8925	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SWIM INSTRUCTOR		Employer (See Instructions) YMCA
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REILLY, JACKIE <hr/> Contributor address; City; State; Zip Code KYLE, TX 78640-8925	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SWIM INSTRUCTOR		Employer (See Instructions) YMCA
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHTER, ANN <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78261	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/38 Rpt: 30/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHTER, ANN <hr/> 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78261	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBBINS, STEVEN <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78249	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBINSON, PAM <hr/> Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROEMER, MARY <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78232	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Holly <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/38 Rpt: 31/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 07/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz-Graham, Maria <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAIDI, BRIGITTE <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAKAI, RACHEL <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78212	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDOVAL, GINA <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAVAL, MAUREEN <hr/> Contributor address; City; State; Zip Code LEANDER, TX 78641-3654	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/38 Rpt: 32/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 07/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAVAL, MAUREEN	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code LEANDER, TX 78641-3654		
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAWYER, JEANETTE	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHMIDT, RON	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SILVERFINE, EVA	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code SAN MARCOS, TX 78666		
Principal occupation / Job title (See Instructions) UK		Employer (See Instructions) UK
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SLAUGHTER, JACQUELINE	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code CIBOLO, TX 78108		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/38 Rpt: 33/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 08/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPURLOCK, MARK	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STUBEL, DIANE	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STUBEL, DIANE	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STUBEL, DIANE	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STUBEL, DIANE	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/38 Rpt: 34/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STUBEL, DIANE	7 Amount of Contribution (\$) \$6.00
	6 Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132	
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STUBEL, DIANE	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUNIL, AHUJA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78231	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUTTERBY, JOHN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWARD, MARY	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code BLANCO, TX 78606-0731	
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: 32/38 Rpt: 35/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWARD, MARY	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code BLANCO, TX 78606-0731		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWARD, MARY	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code BLANCO, TX 78606-0731		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWARD, MARY	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code BLANCO, TX 78606-0731		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWARD, MARY	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code BLANCO, TX 78606-0731		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Allison	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Driftwood, TX 78619		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/38 Rpt: 36/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 08/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven, Sheree <hr/> 6 Contributor address; City; State; Zip Code Boerne, TX 78006	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sundin, Suann <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78218	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, KATHI <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78737	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) FLORAL DESIGNER & EVENT PLANNER		Employer (See Instructions) KATHI THOMAS DESIGN
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, KATHI <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78737	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) FLORAL DESIGNER & EVENT PLANNER		Employer (See Instructions) KATHI THOMAS DESIGN
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, KATHI <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78737	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) FLORAL DESIGNER & EVENT PLANNER		Employer (See Instructions) KATHI THOMAS DESIGN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/38 Rpt: 37/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, KATHI <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78737	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) FLORAL DESIGNER & EVENT PLANNER		9 Employer (See Instructions) KATHI THOMAS DESIGN
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, KATHI <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78737	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) FLORAL DESIGNER & EVENT PLANNER		Employer (See Instructions) KATHI THOMAS DESIGN
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, KATHI <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78737	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) FLORAL DESIGNER & EVENT PLANNER		Employer (See Instructions) KATHI THOMAS DESIGN
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TROXELL, DAVID <hr/> Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRUE-COURAGE, ZADA <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78232	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) FINANCIAL ANALYST		Employer (See Instructions) CPS ENERGY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/38 Rpt: 38/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 07/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tate, Charlotte	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code New Braunfels, TX 78130		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARD, CAROL	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code SAN ANTONIO, TX 78216		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WASHINGTON, NICOLE	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78130		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WATTS, WAYNE	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code BOERNE, TX 78006		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBBER, MINDY	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code WIMBERLEY, TX 78676		
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: 36/38 Rpt: 39/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 09/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBBER, MINDY	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code WIMBERLEY, TX 78676		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBBER, MINDY	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code WIMBERLEY, TX 78676		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, STEVAN	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code SAN ANGELO, TX 76903		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, STEVAN	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code SAN ANGELO, TX 76903		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, ELIZABETH	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code ALAMOGORDO, NM 88310		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/38 Rpt: 40/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 08/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WRIGHT, MANDY <hr/> 6 Contributor address; City; State; Zip Code WIMBERLEY, TX 78676	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WRIGHT, MELISSA <hr/> Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Madeline <hr/> Contributor address; City; State; Zip Code Bulverde, TX 78163	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Whitney <hr/> Contributor address; City; State; Zip Code Chicago, IL 60647	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Kevin <hr/> Contributor address; City; State; Zip Code Comfort, TX 78013	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/38 Rpt: 41/56
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winakur, Jerald	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Comfort, TX 78013		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard, David	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Spring Branch, TX 78070		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyatt, Richie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code San Antonio , TX 78209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 42/56	
2 FILER NAME Fox, Merrie A.		3 Filer ID (Ethics Commission Filers) 00088213	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 08/31/2024	6 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00853010</u>) The First Ask	8 Amount of contribution (\$) \$868.33	9 In-kind contribution description Staff Time
	7 Contributor address; City; State; Zip Code Washington DC, DC 20003		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/30/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00853010</u>) The First Ask	Amount of contribution (\$) \$677.38	In-kind contribution description Staff Time
	Contributor address; City; State; Zip Code Washington DC, DC 20003		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/31/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00853010</u>) The First Ask	Amount of contribution (\$) \$677.38	In-kind contribution description Staff Time
	Contributor address; City; State; Zip Code Washington DC, DC 20003		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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: 1/13 Rpt: 43/56	2	FILER NAME Fox, Merrie A.	3	Filer ID (Ethics Commission Filers) 00088213
4	Date 08/23/2024	5	Payee name AWALOO SCREEN PRINT		
6	Amount (\$) \$2,468.10	7	Payee address; City; State; Zip Code 7905 4TH STREET SOMERSET, TX 78069		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/06/2024		Payee name AWALOO SCREEN PRINT		
	Amount (\$) \$1,114.98		Payee address; City; State; Zip Code 7905 4TH STREET SOMERSET, TX 78069		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/16/2024		Payee name AWALOO SCREEN PRINT		
	Amount (\$) \$1,114.98		Payee address; City; State; Zip Code 7905 4TH STREET SOMERSET, TX 78069		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS		
		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.

1 Total pages Schedule F1: Sch: 2/13 Rpt: 44/56	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
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4 Date 10/23/2024	5 Payee name AWALOO SCREEN PRINT
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6 Amount (\$) \$828.11	7 Payee address; City; State; Zip Code 7905 4TH STREET SOMERSET, TX 78069
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
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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 10/23/2024	Payee name AWALOO SCREEN PRINT
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Amount (\$) \$920.15	Payee address; City; State; Zip Code 7905 4TH STREET SOMERSET, TX 78069
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
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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 07/24/2024	Payee name Amazon.com
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Amount (\$) \$33.46	Payee address; City; State; Zip Code 325 9th Ave. N. Seattle, WA 98109
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fox keychains
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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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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: 3/13 Rpt: 45/56	2	FILER NAME Fox, Merrie A.	3	Filer ID (Ethics Commission Filers) 00088213
4	Date 10/02/2024	5	Payee name Amazon.com		
6	Amount (\$) \$95.20	7	Payee address; City; State; Zip Code 325 9th Ave. N. Seattle, WA 98109		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOX KEY CHAINS		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/04/2024		Payee name Amazon.com		
	Amount (\$) \$64.92		Payee address; City; State; Zip Code 325 9th Ave. N. Seattle, WA 98109		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/15/2024		Payee name Amazon.com		
	Amount (\$) \$15.14		Payee address; City; State; Zip Code 325 9th Ave. N. Seattle, WA 98109		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES		
		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.

1	Total pages Schedule F1: Sch: 4/13 Rpt: 46/56	2	FILER NAME Fox, Merrie A.	3	Filer ID (Ethics Commission Filers) 00088213
4	Date 11/19/2024	5	Payee name Amazon.com		
6	Amount (\$) \$35.70	7	Payee address; City; State; Zip Code 325 9th Ave. N. Seattle, WA 98109		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/09/2024		Payee name Amazon.com		
	Amount (\$) \$35.05		Payee address; City; State; Zip Code 325 9th Ave. N. Seattle, WA 98109		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STORAGE		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/29/2024		Payee name Berea Printing Company		
	Amount (\$) \$336.96		Payee address; City; State; Zip Code 188 Front Street Berea, TX 44017		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Literature Cards		
		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.

1 Total pages Schedule F1: Sch: 5/13 Rpt: 47/56	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 08/15/2024	5 Payee name Berea Printing Company	
6 Amount (\$) \$565.26	7 Payee address; City; State; Zip Code 188 Front Street Berea, OH 44017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LITERATURE CARDS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2024	Payee name CASA GARCIA'S	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1691 HWY 46 WEST UNIT 335 NEW BRAUNFELS, TX 78132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ROOM RENTAL
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2024	Payee name CASA GARCIA'S	
Amount (\$) \$299.06	Payee address; City; State; Zip Code 1691 HWY 46 WEST UNIT 335 NEW BRAUNFELS, TX 78132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD/BEVERAGE
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: 6/13 Rpt: 48/56	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 09/23/2024	5 Payee name CAT 5 GRAPHICS	
6 Amount (\$) \$1,714.20	7 Payee address; City; State; Zip Code 1400 FM 1518 A2 SCHERTZ, TX 78154	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN T-SHIRTS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2024	Payee name CONSTANT CONTACT	
Amount (\$) \$633.24	Payee address; City; State; Zip Code 1601 TRAPELO ROAD WALTHAM, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ELECTRONIC NEWSLETTER SERVICE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2024	Payee name CONSTANT CONTACT	
Amount (\$) \$58.63	Payee address; City; State; Zip Code 1601 TRAPELO ROAD WALTHAM, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ELECTRONIC NEWSLETTER SERVICE
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.

1	Total pages Schedule F1: Sch: 7/13 Rpt: 49/56	2	FILER NAME Fox, Merrie A.	3	Filer ID (Ethics Commission Filers) 00088213
4	Date 12/13/2024	5	Payee name CONSTANT CONTACT		
6	Amount (\$) \$58.63	7	Payee address; City; State; Zip Code 1601 TRAPELO ROAD WALTHAM, MA 02451		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ELECTRONIC NEWSLETTER		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/02/2024		Payee name Central Texas Theatre Academy		
	Amount (\$) \$200.00		Payee address; City; State; Zip Code 12111 Ranch Road 12 Wimberley, TX 78676		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies to make hand-held fans for audience members watching Shakespeare play.		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/17/2024		Payee name DAM RED BARD		
	Amount (\$) \$35.90		Payee address; City; State; Zip Code 16520 S ACCESS RD CANYON LAKE, TX 78133		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD/BEVERAGE		
		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.

1	Total pages Schedule F1: Sch: 8/13 Rpt: 50/56	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4	Date 10/10/2024	5 Payee name DOLLAR TREE	
6	Amount (\$) \$17.38	7 Payee address; City; State; Zip Code 7513 N LOOP 1604 EAST LIVE OAK, TX 78233	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date 07/29/2024	Payee name FULL ARMOR INVESTMENT	
	Amount (\$) \$1,114.98	Payee address; City; State; Zip Code PO BOX 591490 SAN ANTONIO, TX 78259	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense I DO NOT REMEMBER
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date 09/18/2024	Payee name GUADALUPE DEMOCRATIC PARTY	
	Amount (\$) \$70.00	Payee address; City; State; Zip Code 807 MAIN ST SCHERTZ, TX 78154	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BENEFIT CONCERT
	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.

1 Total pages Schedule F1: Sch: 9/13 Rpt: 51/56	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 10/04/2024	5 Payee name HOBBY LOBBY #209	
6 Amount (\$) \$406.59	7 Payee address; City; State; Zip Code 8370 AGORA PKWY SELMA, TX 78154	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOOR PRIZES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2024	Payee name JOHNSON CITY COFFEE	
Amount (\$) \$162.27	Payee address; City; State; Zip Code 108 W. MAIN ST JOHNSON CITY, TX 78636	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD/BEVERAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2024	Payee name OFFICE DEPOT #472	
Amount (\$) \$6.70	Payee address; City; State; Zip Code 1050 IH 35 #800 NEW BRAUNFELS, TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTER
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: 10/13 Rpt: 52/56	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 08/05/2024	5 Payee name OFFICE DEPOT #472	
6 Amount (\$) \$90.93	7 Payee address; City; State; Zip Code 1050 IH 35 #800 NEW BRAUNFELS, TX 78130	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAPER ADVERTISEMENTS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2024	Payee name PRESTIGE PRINT	
Amount (\$) \$1,402.92	Payee address; City; State; Zip Code 8 BURWOOD LN SAN ANTONIO, TX 78216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LIT CARDS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2024	Payee name PRINT RUNNER	
Amount (\$) \$309.74	Payee address; City; State; Zip Code 8000 HASKELL AVE VAN NUYS, CA 91406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STICKERS
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: 11/13 Rpt: 53/56	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 09/17/2024	5 Payee name SAUCONY.COM	
6 Amount (\$) \$156.42	7 Payee address; City; State; Zip Code 500 TOTTEN POND ROAD SUITE 1 WALTHAM, ME 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN CLOTHING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ORANGE TENNIS SHOES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2024	Payee name SUDS MONKEY BREWING	
Amount (\$) \$52.44	Payee address; City; State; Zip Code 12024 US HWY 290 DRIPPING SPRINGS, TX 78737	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD/BEVERAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2024	Payee name SUDS MONKEY BREWING	
Amount (\$) \$72.96	Payee address; City; State; Zip Code 12024 US HWY 290 DRIPPING SPRINGS, TX 78737	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD/BEVERAGE
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: 12/13 Rpt: 54/56	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 10/30/2024	5 Payee name Snider, Heather	
6 Amount (\$) \$1,029.29	7 Payee address; City; State; Zip Code 3483 Scarlet Rose Schertz, TX 78154	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage and hours spent coordinating and setting up events
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name Snider, Heather	
Amount (\$) \$360.35	Payee address; City; State; Zip Code 3483 Scarlet Rose Schertz, TX 78154	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COORDINATION OF EVENTS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2024	Payee name VISTAPRINT	
Amount (\$) \$68.29	Payee address; City; State; Zip Code 100 HAYDEN AVENUE LEXINGTON, MA 02421	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BUSINESS CARDS
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: 13/13 Rpt: 55/56	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213	
4 Date 10/04/2024	5 Payee name WALMART #3391		
6 Amount (\$) \$331.82	7 Payee address; City; State; Zip Code 6102 FM 3009 SCHERTZ, TX 78154		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTAINER BINS; OFFICE SUPPLIES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F2: Sch: 1/1 Rpt: 56/56	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 10/31/2024	6 Payee name Shea, Landon	
7 Amount (\$) \$350.00	8 Payee address; City; State; Zip Code 738 TRINITY STAR San Antonio, TX 78260	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage and hours spent at events.
	11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate/Officeholder name	Office sought
		Office held