



# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Annie's List	<b>13 Filer ID</b> (Ethics Commission Filers) 00053715
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<b>14 COMMITTEE ACTIVITY</b>  <small>(Attach lists on plain paper to complete this report if necessary.)</small>	<b>1. Candidates</b> <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported    Laurel Jordan Swift    State Representative  B. Opposed
	<b>2. Measures</b> <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> <small>(Identify by name or, if applicable, classify by party.)</small>	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> <small>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</small>	\$ 30,789.70
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 1,475.47
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 43,102.56
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 207,641.48
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

\_\_\_\_\_  
 Piper Stege Nelson  
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

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<b>12 COMMITTEE NAME</b> Annie's List		<b>13 Filer ID</b> (Ethics Commission Filers) 00053715
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Averie Bishop State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Annie's List		<b>18 Filer ID</b> (Ethics Commission Filers) 00053715
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 30,789.70
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 30,818.40
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 12,284.16
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/64 Rpt: 5/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aden, Marilyn ..... <b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78130-7960	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aden, Marilyn ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78130-7960	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alexander, Stacy ..... Contributor address; City; State; Zip Code  Austin, TX 78703-4157	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alexander, Stacy ..... Contributor address; City; State; Zip Code  Austin, TX 78703-4157	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alexander, Stacy ..... Contributor address; City; State; Zip Code  Austin, TX 78703-4157	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/64 Rpt: 6/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 10/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Sarah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75036-0166	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Development Coordinator		<b>9</b> Employer (See Instructions)
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Sarah <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75036-0166	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Development Coordinator		Employer (See Instructions)
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Sarah <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75036-0166	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Development Coordinator		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ashworth, Susan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-4613	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ashworth, Susan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-4613	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/64 Rpt: 7/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Babb, Ann	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Oaklyn, NJ 08107-1922		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Babb, Ann	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Oaklyn, NJ 08107-1922		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, John	Amount of Contribution (\$)  \$10.53
Contributor address; City; State; Zip Code  San Antonio, TX 78216-3520		
Principal occupation / Job title (See Instructions) Non Profit Professional		Employer (See Instructions)
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, John	Amount of Contribution (\$)  \$10.53
Contributor address; City; State; Zip Code  San Antonio, TX 78216-3520		
Principal occupation / Job title (See Instructions) Non Profit Professional		Employer (See Instructions)
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, John	Amount of Contribution (\$)  \$10.53
Contributor address; City; State; Zip Code  San Antonio, TX 78216-3520		
Principal occupation / Job title (See Instructions) Non Profit Professional		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/64 Rpt: 8/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Banister, Simin	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019-2509		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 12/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Banister, Simin	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Houston, TX 77019-2509		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bean, Nancy Cozette	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Arlington, TX 76006-4003		
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions)
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bean, Nancy Cozette	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Arlington, TX 76006-4003		
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions)
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bean, Nancy Cozette	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Arlington, TX 76006-4003		
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/64 Rpt: 9/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beaver, Becky <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731-6200	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beaver, Becky <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-6200	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beckett, Karen <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75007-5946	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Benavides, Melissa <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-5271	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Benavides, Melissa <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-5271	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/64 Rpt: 10/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Benavides, Tannya <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78040-2504	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bengelsdorf, Seth <hr/> Contributor address; City; State; Zip Code  Austin, TX 78727-3429	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Videographer		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackwell, Deborah <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045-5016	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 11/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blau, Robert <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-8134	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blau, Robert <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-8134	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/64 Rpt: 11/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boese, Larry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Elk Grove, CA 95624-1343	<b>7</b> Amount of Contribution (\$)  \$8.00
<b>8</b> Principal occupation / Job title (See Instructions) Education Consulting		<b>9</b> Employer (See Instructions)
Date 12/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boese, Larry <hr/> Contributor address; City; State; Zip Code  Elk Grove, CA 95624-1343	Amount of Contribution (\$)  \$8.00
Principal occupation / Job title (See Instructions) Education Consulting		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradford, Elizabeth <hr/> Contributor address; City; State; Zip Code  Lakeway, TX 78734-4351	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Public relations		Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Braunagel-Brown, Mary A. (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78736-3319	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Braunagel-Brown, Mary A. (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78736-3319	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/64 Rpt: 12/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Breitbarth, Ilene	<b>7</b> Amount of Contribution (\$) \$20.85
<b>6</b> Contributor address; City; State; Zip Code  Addison, TX 75001-6329		
<b>8</b> Principal occupation / Job title (See Instructions) Legal Recruiter		<b>9</b> Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Breitbarth, Ilene	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Addison, TX 75001-6329		
Principal occupation / Job title (See Instructions) Legal Recruiter		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brennan, Maje	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code  APO, AE 09128-1014		
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions)
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brewer, Angela	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Denton, TX 76207-1288		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brewer, Angela	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Denton, TX 76207-1288		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/64 Rpt: 13/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 10/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brooks, Royce <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702-4587	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions)
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brooks, Royce <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702-4587	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brooks, Royce <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702-4587	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Byars, Jerry <hr/> Contributor address; City; State; Zip Code  Byhalia, MS 38611-9726	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Monitor tech		Employer (See Instructions)
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Byars, Jerry <hr/> Contributor address; City; State; Zip Code  Byhalia, MS 38611-9726	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Monitor tech		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/64 Rpt: 14/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Byars, Jerry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Byhalia, MS 38611-9726	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Monitor tech		<b>9</b> Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Elizabeth J <hr/> Contributor address; City; State; Zip Code  Big Spring, TX 79721-0509	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Elizabeth J <hr/> Contributor address; City; State; Zip Code  Big Spring, TX 79721-0509	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carmichael, John <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75243-2546	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chaffee, Dianne <hr/> Contributor address; City; State; Zip Code  Bothell, WA 98021-8625	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/64 Rpt: 15/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chaussee, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75235-1611	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Senior Director		<b>9</b> Employer (See Instructions)
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chaussee, John <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75235-1611	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chevalier, Joi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-2345	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions)
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chevalier, Joi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-2345	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chiarito, Bebe <hr/> Contributor address; City; State; Zip Code  Portland, OR 97231-2600	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/64 Rpt: 16/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chiarito, Bebe <hr/> <b>6</b> Contributor address; City; State; Zip Code  Portland, OR 97231-2600	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chiarito, Bebe <hr/> Contributor address; City; State; Zip Code  Portland, OR 97231-2600	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Christian, Ann <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2049	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Certified Academic Language Therapist		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Christian, Ann <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2049	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Certified Academic Language Therapist		Employer (See Instructions)
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Melinda <hr/> Contributor address; City; State; Zip Code  Houston, TX 77227-2337	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/64 Rpt: 17/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 12/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Melinda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77227-2337	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Roger <hr/> Contributor address; City; State; Zip Code  Bellingham, WA 98225-6213	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Roger <hr/> Contributor address; City; State; Zip Code  Bellingham, WA 98225-6213	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clifford, Cindy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-4815	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Owner Public Relations Co		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cortell, Nina <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205-2830	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/64 Rpt: 18/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Craig, Leilani	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Portland, OR 97201-3371		
<b>8</b> Principal occupation / Job title (See Instructions) Quality Analytic Reporting Specialist		<b>9</b> Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Craig, Leilani	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Portland, OR 97201-3371		
Principal occupation / Job title (See Instructions) Quality Analytic Reporting Specialist		Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cuellar, DeAnne	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  San Antonio, TX 78212-1542		
Principal occupation / Job title (See Instructions) Associate Director for Outreach		Employer (See Instructions)
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cuellar, DeAnne	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  San Antonio, TX 78212-1542		
Principal occupation / Job title (See Instructions) Associate Director for Outreach		Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cyprus, Rochelle	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Houston, TX 77006-6273		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/64 Rpt: 19/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daniels, Nancy	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78217-4025		
<b>8</b> Principal occupation / Job title (See Instructions) Nurse practitioner		<b>9</b> Employer (See Instructions)
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daniels, Nancy	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  San Antonio, TX 78217-4025		
Principal occupation / Job title (See Instructions) Nurse practitioner		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daniels, Nancy	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  San Antonio, TX 78217-4025		
Principal occupation / Job title (See Instructions) Nurse practitioner		Employer (See Instructions)
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeCoux, Beverlee	Amount of Contribution (\$)  \$40.00
Contributor address; City; State; Zip Code  Alamo, TX 78516-2604		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeCoux, Beverlee	Amount of Contribution (\$)  \$40.00
Contributor address; City; State; Zip Code  Alamo, TX 78516-2604		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/64 Rpt: 20/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dean-Jones, Lesley <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78751-3009	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Professor		<b>9</b> Employer (See Instructions)
Date 12/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dean-Jones, Lesley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751-3009	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dell, Marci <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-5097	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dell, Marci <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-5097	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dibrell, Lauri <hr/> Contributor address; City; State; Zip Code  Texas City, TX 77591-7000	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/64 Rpt: 21/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 12/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dibrell, Lauri	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Texas City, TX 77591-7000		
<b>8</b> Principal occupation / Job title (See Instructions) Marketing		<b>9</b> Employer (See Instructions)
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dodson, Michael	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76116-0939		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Douglas, Susan	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code  Georgetown, TX 78633-5401		
Principal occupation / Job title (See Instructions) Chaplain		Employer (See Instructions)
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dudley, Jaquelin	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Austin, TX 78759-8025		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dudley, Jaquelin	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Austin, TX 78759-8025		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/64 Rpt: 22/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elam, Jack <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77007-7155	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions)
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elliott-Smart, Patricia <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79605-4916	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elliott-Smart, Patricia <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79605-4916	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Erickson, Quincy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-5160	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Erickson, Quincy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-5160	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/64 Rpt: 23/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escobar, Analysse <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20002-7373	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) White house liaison		<b>9</b> Employer (See Instructions)
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escobar, Analysse <hr/> Contributor address; City; State; Zip Code  Washington, DC 20002-7373	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) White house liaison		Employer (See Instructions)
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Estabrook, Helen <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-3540	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Estabrook, Helen <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-3540	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fasken, Andy <hr/> Contributor address; City; State; Zip Code  Paris, TX 75462	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/64 Rpt: 24/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 12/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fasken, Andy	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Paris, TX 75462		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferrick, Frieda	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Santa Rosa, CA 95404-5810		
Principal occupation / Job title (See Instructions) counselor		Employer (See Instructions)
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Mary	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  San Antonio, TX 78209-3702		
Principal occupation / Job title (See Instructions) Organizational Development Consultant		Employer (See Instructions)
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Mary	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  San Antonio, TX 78209-3702		
Principal occupation / Job title (See Instructions) Organizational Development Consultant		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleckenstein, Alexa	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Brookline, MA 02445-5753		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/64 Rpt: 25/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 10/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Anthony	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Anoka, MN 55303-6192		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fossler, Kerry	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Bastrop, TX 78602-2135		
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions)
Date 12/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fossler, Kerry	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Bastrop, TX 78602-2135		
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions)
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fowler, Michael	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Chicago, IL 60637-3812		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fowler, Michael	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Chicago, IL 60637-3812		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/64 Rpt: 26/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fowles, Nicole <hr/> <b>6</b> Contributor address; City; State; Zip Code  Helotes, TX 78023-4168	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Manager		<b>9</b> Employer (See Instructions)
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fowles, Nicole <hr/> Contributor address; City; State; Zip Code  Helotes, TX 78023-4168	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Freer, Jill <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-2236	Amount of Contribution (\$)  \$23.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Freer, Jill <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-2236	Amount of Contribution (\$)  \$23.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Freer, Jill <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-2236	Amount of Contribution (\$)  \$23.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/64 Rpt: 27/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 12/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Friedman, Nancy Elizabeth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77055-6721	<b>7</b> Amount of Contribution (\$)  \$730.00
<b>8</b> Principal occupation / Job title (See Instructions) lawyer		<b>9</b> Employer (See Instructions)
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Friedman, Nancy Elizabeth <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055-6721	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fry, William <hr/> Contributor address; City; State; Zip Code  Ithaca, NY 14850-9310	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Furlong, Alexandra <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-5206	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Furlong, Alexandra <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-5206	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/64 Rpt: 28/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 12/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Furlong, Alexandra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731-5206	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garber, Martha <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019-5820	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garber, Martha <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019-5820	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Danna <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79110-1635	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Donor Services		Employer (See Instructions)
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Danna <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79110-1635	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Donor Services		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/64 Rpt: 29/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 12/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Danna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79110-1635	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Donor Services		<b>9</b> Employer (See Instructions)
Date 11/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gaynor, Yvette Houlihan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024-2704	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gaynor, Yvette Houlihan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024-2704	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gentry, Karen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-1962	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gentry, Karen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-1962	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/64 Rpt: 30/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gerbracht, Heidi L. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702-2238	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) non-profit association		<b>9</b> Employer (See Instructions)
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gerbracht, Heidi L. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702-2238	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) non-profit association		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giles, Al <hr/> Contributor address; City; State; Zip Code  Austin, TX 78763-0360	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giles, Al <hr/> Contributor address; City; State; Zip Code  Austin, TX 78763-0360	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gillespie, Carrie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079-5052	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/64 Rpt: 31/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 12/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gordon, Marguerite <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tesuque, NM 87574-0238	<b>7</b> Amount of Contribution (\$)  \$10,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Self employed		<b>9</b> Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goyette, Martin <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94116-2646	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greene, Zina <hr/> Contributor address; City; State; Zip Code  Washington, DC 20008-5112	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greene, Zina <hr/> Contributor address; City; State; Zip Code  Washington, DC 20008-5112	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greenfield, Stuart J <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-6811	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Lecturer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/64 Rpt: 32/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 12/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greenfield, Stuart J <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78757-6811	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Lecturer		<b>9</b> Employer (See Instructions)
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greer, Andrea <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009-6629	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) fundraising		Employer (See Instructions)
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greer, Andrea <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009-6629	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) fundraising		Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haley, Jennifer <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749-1277	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hampton, Linda <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759-3968	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/64 Rpt: 33/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 12/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hampton, Linda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759-3968	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanks, Kendyl <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-3624	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanks, Kendyl <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-3624	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harper, Lis <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030-2028	Amount of Contribution (\$)  \$209.00
Principal occupation / Job title (See Instructions) Senior Client and Project Manager		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harper, Lis <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030-2028	Amount of Contribution (\$)  \$209.00
Principal occupation / Job title (See Instructions) Senior Client and Project Manager		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/64 Rpt: 34/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrison, Jody (Rev.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78748-3106	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrison, Lizza	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Tijeras, NM 87059-7821	
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions)
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hebron, Duni	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77584-6807	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Laura	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78730-4214	
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernholm, Cameron	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75223-1124	
Principal occupation / Job title (See Instructions) Chief Philanthropy Officer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/64 Rpt: 35/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 12/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernholm, Cameron <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75223-1124	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Chief Philanthropy Officer		<b>9</b> Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hill, Winfield <hr/> Contributor address; City; State; Zip Code  Stoneham, MA 02180-1318	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hodges, Adam <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006-4218	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hodges, Adam <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006-4218	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holbrook, Wyndee <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78232-5118	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Coordinatot		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/64 Rpt: 36/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hollingshead, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fletcher, NC 28732-9757	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Anesthesia Technician		<b>9</b> Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holzer, Jean <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77551-1745	Amount of Contribution (\$)  \$18.00
Principal occupation / Job title (See Instructions) systems & data analyst		Employer (See Instructions)
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holzer, Jean <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77551-1745	Amount of Contribution (\$)  \$18.00
Principal occupation / Job title (See Instructions) systems & data analyst		Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hopkins, George <hr/> Contributor address; City; State; Zip Code  Charleston, SC 29407-5333	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howard, Elaine <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025-3663	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/64 Rpt: 37/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howard, Elaine	<b>7</b> Amount of Contribution (\$)  \$30.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77025-3663	
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howard, Elaine	Amount of Contribution (\$)  \$30.00
	Contributor address; City; State; Zip Code  Houston, TX 77025-3663	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunt, Amy	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Dallas, TX 75229-5048	
Principal occupation / Job title (See Instructions) Legal marketing		Employer (See Instructions)
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunt, Amy	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Dallas, TX 75229-5048	
Principal occupation / Job title (See Instructions) Legal marketing		Employer (See Instructions)
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunt, Amy	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Dallas, TX 75229-5048	
Principal occupation / Job title (See Instructions) Legal marketing		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/64 Rpt: 38/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 10/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ilsen, Eve <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boulder, CO 80305-7038	<b>7</b> Amount of Contribution (\$)  \$18.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Izzo, Nunzio <hr/> Contributor address; City; State; Zip Code  Hoboken, NJ 07030-5357	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JOHNSON, JAMES <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75218-1357	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jerome, Ann <hr/> Contributor address; City; State; Zip Code  Austin, TX 78739-2148	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Victoria <hr/> Contributor address; City; State; Zip Code  La Mesa, CA 91941-8047	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/64 Rpt: 39/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 12/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Victoria	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  La Mesa, CA 91941-8047		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson-Blalock, Jennifer	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  New York, NY 10001-6261		
Principal occupation / Job title (See Instructions) literary agent		Employer (See Instructions)
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson-Blalock, Jennifer	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  New York, NY 10001-6261		
Principal occupation / Job title (See Instructions) literary agent		Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KING, STEPHEN	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Houston, TX 77061-3831		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KING, STEPHEN	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Houston, TX 77061-3831		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/64 Rpt: 40/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 12/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KING, STEPHEN <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77061-3831	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Professor		<b>9</b> Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karempudi, Sahiti <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702-5313	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) program coordinator		Employer (See Instructions)
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karempudi, Sahiti <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702-5313	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) program coordinator		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karempudi, Sahiti <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702-5313	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) program coordinator		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khan, Don <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78230-1705	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/64 Rpt: 41/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khoslas, Joan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77292-0720	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) CPA		<b>9</b> Employer (See Instructions)
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khoslas, Joan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77292-0720	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kohl, Kathryn <hr/> Contributor address; City; State; Zip Code  Salem, OR 97317-5693	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Assembly/Manufacturing		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kunnathusseril, Annamma <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019-3306	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kunnathusseril, Annamma <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019-3306	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/64 Rpt: 42/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 10/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LOWREY, AMY L <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-2412	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LOWREY, AMY L <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-2412	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LOWREY, AMY L <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-2412	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LOWREY, AMY L <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-2412	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LOWREY, AMY L <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-2412	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/64 Rpt: 43/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lambert, Ruth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Melbourne, FL 32940-6815	<b>7</b> Amount of Contribution (\$)  \$22.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lambert, Ruth <hr/> Contributor address; City; State; Zip Code  Melbourne, FL 32940-6815	Amount of Contribution (\$)  \$22.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lazard, Pamela <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77489-3921	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Financial Accounting Analyst		Employer (See Instructions)
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le, Mai <hr/> Contributor address; City; State; Zip Code  Sunnyvale, CA 94087-5202	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le, Mai <hr/> Contributor address; City; State; Zip Code  Sunnyvale, CA 94087-5202	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/64 Rpt: 44/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leff, Debra S <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78756-3525	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leff, Debra S <hr/> Contributor address; City; State; Zip Code  Austin, TX 78756-3525	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lervisit, Woot <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75243-4001	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lervisit, Woot <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75243-4001	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 12/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowery, Sandra S. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024-8001	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/64 Rpt: 45/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowery, Sandra S.	<b>7</b> Amount of Contribution (\$)  \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024-8001	
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions)
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowery, Sandra S.	Amount of Contribution (\$)  \$20.00
	Contributor address; City; State; Zip Code  Houston, TX 77024-8001	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowery, Sandra S.	Amount of Contribution (\$)  \$20.00
	Contributor address; City; State; Zip Code  Houston, TX 77024-8001	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lucido, Rita	Amount of Contribution (\$)  \$200.00
	Contributor address; City; State; Zip Code  Houston, TX 77002-1741	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lucido, Rita	Amount of Contribution (\$)  \$200.00
	Contributor address; City; State; Zip Code  Houston, TX 77002-1741	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/64 Rpt: 46/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Macalik Tibbits, Allison <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75208-0166	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions)
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Madden, Judy <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78216-7708	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Madden, Judy <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78216-7708	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Stephen <hr/> Contributor address; City; State; Zip Code  Pinole, CA 94564-1220	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Stephen <hr/> Contributor address; City; State; Zip Code  Pinole, CA 94564-1220	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/64 Rpt: 47/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 12/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Stephen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pinole, CA 94564-1220	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mason, Gwyn and Wilson <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-4458	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matteson, Mark <hr/> Contributor address; City; State; Zip Code  Ashland, MA 01721-2266	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) telecom coordinator		Employer (See Instructions)
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matthews, Spencer <hr/> Contributor address; City; State; Zip Code  Houston, TX 77084-4312	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matthews, Spencer <hr/> Contributor address; City; State; Zip Code  Houston, TX 77084-4312	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/64 Rpt: 48/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mayo, Donna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Belmont, MA 02478-1947	<b>7</b> Amount of Contribution (\$)  \$7.00
<b>8</b> Principal occupation / Job title (See Instructions) Management consultant		<b>9</b> Employer (See Instructions)
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mayo, Donna <hr/> Contributor address; City; State; Zip Code  Belmont, MA 02478-1947	Amount of Contribution (\$)  \$7.00
Principal occupation / Job title (See Instructions) Management consultant		Employer (See Instructions)
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCormack, Maureen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-1949	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCormack, Maureen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-1949	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel, Patrick <hr/> Contributor address; City; State; Zip Code  Sacramento, CA 95818-4106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Forester		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/64 Rpt: 49/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 12/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel, Patrick <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sacramento, CA 95818-4106	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Forester		<b>9</b> Employer (See Instructions)
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGuffey, Barbara Shivers <hr/> Contributor address; City; State; Zip Code  Houston, TX 77004-5938	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGuffey, Barbara Shivers <hr/> Contributor address; City; State; Zip Code  Houston, TX 77004-5938	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McIlheran, Sarah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78734-1525	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) physical therapist		Employer (See Instructions)
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McIlheran, Sarah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78734-1525	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) physical therapist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/64 Rpt: 50/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 10/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinley, Susan L <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77043-4718	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinley, Susan L <hr/> Contributor address; City; State; Zip Code  Houston, TX 77043-4718	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759-4723	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Assistant GC		Employer (See Instructions)
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759-4723	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Assistant GC		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759-4723	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Assistant GC		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/64 Rpt: 51/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mellon-Werch, Michelle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759-4723	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$10.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Assistant GC		<b>9</b> Employer (See Instructions)
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mellon-Werch, Michelle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759-4723	Amount of Contribution (\$) <span style="float:right">\$10.00</span>
Principal occupation / Job title (See Instructions) Assistant GC		Employer (See Instructions)
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mix, Darcy <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212-2346	Amount of Contribution (\$) <span style="float:right">\$100.00</span>
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mix, Darcy <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212-2346	Amount of Contribution (\$) <span style="float:right">\$100.00</span>
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mix, Darcy <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212-2346	Amount of Contribution (\$) <span style="float:right">\$100.00</span>
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/64 Rpt: 52/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Jerome <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cambridge, MA 02138-2262	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Myers, Karen <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76116-8156	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Natarajan, Rufi <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007-8243	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Events Director		Employer (See Instructions)
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nichols, Cheryl <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76011-2620	Amount of Contribution (\$)  \$5.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nichols, Cheryl <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76011-2620	Amount of Contribution (\$)  \$5.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/64 Rpt: 53/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noble, Shannon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78735-6605	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noble, Shannon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78735-6605	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nyul, Debra <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76110-1714	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paul, Mary Anna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-7871	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Real estate broker		Employer (See Instructions)
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paul, Mary Anna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-7871	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Real estate broker		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/64 Rpt: 54/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pendleton, Alfred <hr/> <b>6</b> Contributor address; City; State; Zip Code  Los Angeles, CA 90004-4912	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Advertising		<b>9</b> Employer (See Instructions)
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perrenod, William <hr/> Contributor address; City; State; Zip Code  New Orleans, LA 70117-5727	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Nonprofit Business Consultant		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perrenod, William <hr/> Contributor address; City; State; Zip Code  New Orleans, LA 70117-5727	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Nonprofit Business Consultant		Employer (See Instructions)
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peterson, Linda <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-1830	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peterson, Linda <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-1830	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/64 Rpt: 55/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pfiester, R E <hr/> <b>6</b> Contributor address; City; State; Zip Code  Los Angeles, CA 90039-3707	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pleasure, Martha <hr/> Contributor address; City; State; Zip Code  Chevy Chase, MD 20815-5619	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Polito, Catherine <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759-5001	Amount of Contribution (\$)  \$20.85
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Polito, Catherine <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759-5001	Amount of Contribution (\$)  \$20.85
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Putman, Michael <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-3302	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/64 Rpt: 56/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 10/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rayton, Paul	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Los Angeles, CA 90065-4249		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reeves, Sandra Lemcke	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Houston, TX 77006-6166		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reeves, Sandra Lemcke	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Houston, TX 77006-6166		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynoso, Beatriz	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Harlingen, TX 78552-2261		
Principal occupation / Job title (See Instructions) Design Consulting		Employer (See Instructions)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynoso, Beatriz	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Harlingen, TX 78552-2261		
Principal occupation / Job title (See Instructions) Design Consulting		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/64 Rpt: 57/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richards, Joanne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78750-8202	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) N/A		<b>9</b> Employer (See Instructions)
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richards, Joanne <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750-8202	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions)
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rider, Kathy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-6221	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riner, Miriam <hr/> Contributor address; City; State; Zip Code  Arlington, VA 22207-2140	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Jean <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76137-2058	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/64 Rpt: 58/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Jean	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76137-2058		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Jean	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76137-2058		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rocha, Mary Esther	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Houston, TX 77005-4332		
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rocha, Mary Esther	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  Houston, TX 77005-4332		
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Nancy	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  San Antonio, TX 78232-1301		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/64 Rpt: 59/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Nancy <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78232-1301	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Nancy <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78232-1301	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ross, Carolyn Miracle <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-4016	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sarath, Patrice <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-3036	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sarath, Patrice <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-3036	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/64 Rpt: 60/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 12/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sarath, Patrice <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78757-3036	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Researcher		<b>9</b> Employer (See Instructions)
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sawyer, Robin <hr/> Contributor address; City; State; Zip Code  Mclean, VA 22102-5864	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Programs Manager		Employer (See Instructions)
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sawyer, Robin <hr/> Contributor address; City; State; Zip Code  Mclean, VA 22102-5864	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Programs Manager		Employer (See Instructions)
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seldin, Ellen <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-2437	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sells, Greg K <hr/> Contributor address; City; State; Zip Code  Austin, TX 78741-6942	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) civil service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/64 Rpt: 61/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sharpe, Mary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-2833	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) planning facilitator		<b>9</b> Employer (See Instructions)
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sharpe, Mary <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-2833	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) planning facilitator		Employer (See Instructions)
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sherman, Caroline <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248-5223	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Skidmore, Danielle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-4271	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Skidmore, Danielle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-4271	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/64 Rpt: 62/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Souzis, Ariana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brooklyn, NY 11217-4666	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Writer		<b>9</b> Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Srole, Ira <hr/> Contributor address; City; State; Zip Code  Rochester, NY 14607-1458	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steinwedell, Patricia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-6986	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steinwedell, Patricia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-6986	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stem, Randall <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75220-1640	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/64 Rpt: 63/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sterling, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Creek, TX 78612-3593	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swan, Barbara <hr/> Contributor address; City; State; Zip Code  Eagan, MN 55123-2520	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tabor, Catherine L <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-3314	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taube, DeEtta <hr/> Contributor address; City; State; Zip Code  Tucson, AZ 85710-4523	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Temple, Ellen <hr/> Contributor address; City; State; Zip Code  Lufkin, TX 75901-7346	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/64 Rpt: 64/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 12/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Temple, Ellen	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Lufkin, TX 75901-7346		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Teter, Rick	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Edinburg, TX 78539-4406		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torres, Tomas	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Houston, TX 77027-6204		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Mickey	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code  Joshua, TX 76058-6116		
Principal occupation / Job title (See Instructions) Sales representative		Employer (See Instructions)
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wallace, Shannon	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  The Woodlands, TX 77380-3096		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/64 Rpt: 65/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walton, Polly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76012-4935	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warner, Richard <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76015-2812	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SW Engineer		Employer (See Instructions)
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warner, Richard <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76015-2812	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SW Engineer		Employer (See Instructions)
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warren, Louise <hr/> Contributor address; City; State; Zip Code  Bronx, NY 10463-2915	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Watkins, Doris <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76110-1741	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/64 Rpt: 66/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 12/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Watkins, Doris <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76110-1741	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weinstein, Hilary <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-2799	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weinstein, Hilary <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-2799	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weinstein, Hilary <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-2799	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitten, Lynn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-3101	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) systems analyst		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/64 Rpt: 67/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitten, Lynn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-3101	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) systems analyst		<b>9</b> Employer (See Instructions)
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitten, Lynn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-3101	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) systems analyst		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wingate, Elizabeth <hr/> Contributor address; City; State; Zip Code  Valdez, AK 99686-1503	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wingate, Elizabeth <hr/> Contributor address; City; State; Zip Code  Valdez, AK 99686-1503	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Carlecia D. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018-1415	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/64 Rpt: 68/89
<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Carlecia D. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77018-1415	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Director		<b>9</b> Employer (See Instructions)
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Carlecia D. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018-1415	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yeager, Bob <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77380-3344	Amount of Contribution (\$)  \$10.53
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yeager, Bob <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77380-3344	Amount of Contribution (\$)  \$10.53
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) de la Riva, Barbara <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433-6453	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/11 Rpt: 69/89	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 10/27/2024	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$112.73  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2024	Payee name ActBlue	
Amount (\$) \$36.87  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2024	Payee name ActBlue	
Amount (\$) \$23.34  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/11 Rpt: 70/89	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 12/22/2024	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$48.77  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2024	Payee name ActBlue	
Amount (\$) \$21.97  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2024	Payee name ActBlue	
Amount (\$) \$13.65  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/11 Rpt: 71/89	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 12/01/2024	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$25.43  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2024	Payee name ActBlue	
Amount (\$) \$76.69  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2024	Payee name ActBlue	
Amount (\$) \$14.41  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/11 Rpt: 72/89	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
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<b>4</b> Date 11/10/2024	<b>5</b> Payee name ActBlue
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<b>6</b> Amount (\$) \$59.76	<b>7</b> Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/03/2024	Payee name ActBlue
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Amount (\$) \$83.23	Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/19/2024	Payee name Barragan, Alejandro
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Amount (\$) \$750.00	Payee address; City; State; Zip Code PO Box 303277  Austin, TX 78703-0055
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Expenditure from corporate funds

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 Salary bonus
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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.

<b>1</b> Total pages Schedule F1: Sch: 5/11 Rpt: 73/89	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
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<b>4</b> Date 11/11/2024	<b>5</b> Payee name Flagship Campaigns
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<b>6</b> Amount (\$) \$750.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 7926 Broadway Apt 707 San Antonio, TX 78209-2613
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Research
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/05/2024	Payee name Gusto
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Amount (\$) \$149.24  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107-4345
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll fee
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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 12/04/2024	Payee name Gusto
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Amount (\$) \$149.24  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107-4345
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll fee
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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.

<b>1</b> Total pages Schedule F1: Sch: 6/11 Rpt: 74/89	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
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<b>4</b> Date 12/19/2024	<b>5</b> Payee name Gusto
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<b>6</b> Amount (\$) \$1,988.26  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107-4345
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll taxes
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/20/2024	Payee name Harris County Democratic Party
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Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4619 Lyons Ave  Houston, TX 77020-4304
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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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 11/04/2024	Payee name Humana Inc.
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Amount (\$) \$2,499.69  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 4612  Carol Stream, IL 60197-4612
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Health insurance
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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.

<b>1</b> Total pages Schedule F1: Sch: 7/11 Rpt: 75/89	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
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<b>4</b> Date 12/03/2024	<b>5</b> Payee name Humana Inc.
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<b>6</b> Amount (\$) \$128.95  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 4612  Carol Stream, IL 60197-4612
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Health insurance
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/05/2024	Payee name InFocus Campaigns
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Amount (\$) \$6,834.59  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 10726  Fort Worth, TX 76114-0726
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone calls for Averie Bishop Campaign
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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 10/28/2024	Payee name Intuit
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Amount (\$) \$105.53  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043-1126
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting software
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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.

<b>1</b> Total pages Schedule F1: Sch: 8/11 Rpt: 76/89	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
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<b>4</b> Date 11/29/2024	<b>5</b> Payee name Intuit
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<b>6</b> Amount (\$) \$105.53  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043-1126
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting software
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/30/2024	Payee name Intuit
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Amount (\$) \$105.53  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043-1126
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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 Accounting software
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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 10/28/2024	Payee name Kristian Carranza Campaign
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Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 831436  San Antonio, TX 78283-1436
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Contribution
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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.

<b>1</b> Total pages Schedule F1: Sch: 9/11 Rpt: 77/89	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
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<b>4</b> Date 11/21/2024	<b>5</b> Payee name Montemayor Britton Bender PC
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<b>6</b> Amount (\$) \$220.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2525 Wallingwood Dr Ste 200 Austin, TX 78746-6937
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting services
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/25/2024	Payee name NGP VAN Inc.
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Amount (\$) \$2,053.21  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/03/2024	Payee name NGP VAN Inc.
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Amount (\$) \$2,053.21  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
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Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 10/11 Rpt: 78/89	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> Date 11/04/2024	<b>5</b> Payee name Numero	
<b>6</b> Amount (\$) \$750.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fundraising software
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2024	Payee name Numero	
Amount (\$) \$750.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fundraising software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2024	Payee name Padilla, Gracie	
Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 303277  Austin, TX 78703-0055	
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 Salary bonus
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/11 Rpt: 79/89	<b>2</b> FILER NAME Annie's List	<b>3</b> Filer ID (Ethics Commission Filers) 00053715
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<b>4</b> Date 12/02/2024	<b>5</b> Payee name Prosperity Bank
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<b>6</b> Amount (\$) \$727.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 660525  Dallas, TX 75266-0525
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card payment
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/19/2024	Payee name Ramon, Ana
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Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 303277  Austin, TX 78703-0055
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary bonus
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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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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### 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.

<b>1</b>	Total pages Schedule F4: Sch: 1/10 Rpt: 80/89	<b>2</b>	FILER NAME Annie's List	<b>3</b>	Filer ID (Ethics Commission Filers) 00053715
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution Prosperity Bank		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,293.90
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$125.00	(b) Date of Charge 10/29/2024	(c) Date(s) Credit Card Issuer Paid 12/02/2024	
<b>7</b>	PAYEE	(a) Payee name airbnb.com		(b) Payee address; City, State, Zip Code 888 Brannan St San Francisco, CA 94103-4928	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description lodging	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	<input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$2,612.56	(b) Date of Charge 11/18/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name airbnb.com		(b) Payee address; City, State, Zip Code 888 Brannan St San Francisco, CA 94103-4928	
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description lodging	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	<input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$143.80	(b) Date of Charge 10/29/2024	(c) Date(s) Credit Card Issuer Paid 12/02/2024	
<b>PAYEE</b>		(a) Payee name Asana		(b) Payee address; City, State, Zip Code 1550 Bryant St Ste 200 San Francisco, CA 94103-4853	
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description software	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held



# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### 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.

<b>1</b>	Total pages Schedule F4: Sch: 2/10 Rpt: 81/89	<b>2</b>	FILER NAME Annie's List	<b>3</b>	Filer ID (Ethics Commission Filers) 00053715
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,293.90
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$143.80	(b) Date of Charge 12/01/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Asana		(b) Payee address; City, State, Zip Code 1550 Bryant St Ste 200 San Francisco, CA 94103-4853	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description software	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	<input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$143.80	(b) Date of Charge 12/29/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name Asana		(b) Payee address; City, State, Zip Code 1550 Bryant St Ste 200 San Francisco, CA 94103-4853	
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description software	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	<input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$171.64	(b) Date of Charge 11/24/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name Boardable		(b) Payee address; City, State, Zip Code 6219 Guilford Ave  Indianapolis, IN 46220-3090	
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description software	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**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.

<b>1</b>	Total pages Schedule F4: Sch: 3/10 Rpt: 82/89	<b>2</b>	FILER NAME Annie's List	<b>3</b>	Filer ID (Ethics Commission Filers) 00053715
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,293.90
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$171.64	(b) Date of Charge 12/26/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Boardable		(b) Payee address; City, State, Zip Code 6219 Guilford Ave  Indianapolis, IN 46220-3090	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description software	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$750.00	(b) Date of Charge 11/12/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name CallTime.AI		(b) Payee address; City, State, Zip Code 2627 E College Ave  Visalia, CA 93292-3205	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description fundraising software for Laurel Jordan Swift Campaign	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$750.00	(b) Date of Charge 12/12/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name CallTime.AI		(b) Payee address; City, State, Zip Code 2627 E College Ave  Visalia, CA 93292-3205	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description fundraising software for Laurel Jordan Swift Campaign	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### 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.

<b>1</b> Total pages Schedule F4: Sch: 4/10 Rpt: 83/89	<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,293.90
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$199.00	(b) Date of Charge 11/12/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name CubeSmart	(b) Payee address; City, State, Zip Code 1411 W 5th St Austin, TX 78703-5103	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description storage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$199.00	(b) Date of Charge 12/12/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name CubeSmart	(b) Payee address; City, State, Zip Code 1411 W 5th St Austin, TX 78703-5103	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description storage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$1,500.00	(b) Date of Charge 12/13/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Flagship Campaigns	(b) Payee address; City, State, Zip Code 7926 Broadway Apt 707 San Antonio, TX 78209-2613	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Research
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### 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.

<b>1</b>	Total pages Schedule F4: Sch: 5/10 Rpt: 84/89	<b>2</b>	FILER NAME Annie's List	<b>3</b>	Filer ID (Ethics Commission Filers) 00053715
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,293.90
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$72.75	(b) Date of Charge 11/01/2024	(c) Date(s) Credit Card Issuer Paid 12/02/2024	
<b>7</b>	PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	<input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$245.61	(b) Date of Charge 11/01/2024	(c) Date(s) Credit Card Issuer Paid 12/02/2024	
<b>PAYEE</b>		(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	<input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$394.15	(b) Date of Charge 12/03/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name HEB		(b) Payee address; City, State, Zip Code 1000 E 41st St Austin, TX 78751-4810	
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description food for staff travel	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### 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.

<b>1</b>	Total pages Schedule F4: Sch: 6/10 Rpt: 85/89	<b>2</b>	FILER NAME Annie's List	<b>3</b>	Filer ID (Ethics Commission Filers) 00053715
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,293.90
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$229.55	(b) Date of Charge 12/03/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Houston Dairymaids		(b) Payee address; City, State, Zip Code 2201 Airline Dr Houston, TX 77009-2421	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description food for staff travel	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$250.51	(b) Date of Charge 11/06/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Intuit		(b) Payee address; City, State, Zip Code 2632 Marine Way Mountain View, CA 94043-1126	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Accounting software	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$250.51	(b) Date of Charge 12/06/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Intuit		(b) Payee address; City, State, Zip Code 2632 Marine Way Mountain View, CA 94043-1126	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Accounting software	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**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.

<b>1</b>	Total pages Schedule F4: Sch: 7/10 Rpt: 86/89	<b>2</b>	FILER NAME Annie's List	<b>3</b>	Filer ID (Ethics Commission Filers) 00053715
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,293.90
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$26.65	(b) Date of Charge 11/01/2024	(c) Date(s) Credit Card Issuer Paid 12/02/2024	
<b>7</b>	PAYEE	(a) Payee name NGP VAN Inc.		(b) Payee address; City, State, Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Database software	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	<input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$106.60	(b) Date of Charge 11/01/2024	(c) Date(s) Credit Card Issuer Paid 12/02/2024	
<b>PAYEE</b>		(a) Payee name NGP VAN Inc.		(b) Payee address; City, State, Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Database software	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	<input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$373.10	(b) Date of Charge 11/01/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name NGP VAN Inc.		(b) Payee address; City, State, Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Database software	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 8/10 Rpt: 87/89	<b>2</b> FILER NAME Annie's List		<b>3</b> Filer ID (Ethics Commission Filers) 00053715
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,293.90
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$106.60	(b) Date of Charge 12/05/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name NGP VAN Inc.	(b) Payee address; City, State, Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Database software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$26.65	(b) Date of Charge 12/05/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name NGP VAN Inc.	(b) Payee address; City, State, Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Database software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$150.00	(b) Date of Charge 11/01/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Numero	(b) Payee address; City, State, Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description fundraising software for Laurel Jordan Swift Campaign
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### 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.

<b>1</b>	Total pages Schedule F4: Sch: 9/10 Rpt: 88/89	<b>2</b>	FILER NAME Annie's List	<b>3</b>	Filer ID (Ethics Commission Filers) 00053715
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,293.90
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$720.00	(b) Date of Charge 11/01/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Numero		(b) Payee address; City, State, Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description fundraising software for Laurel Jordan Swift Campaign	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	<input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$262.00	(b) Date of Charge 12/06/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name Numero		(b) Payee address; City, State, Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004	
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description fundraising software for Laurel Jordan Swift Campaign	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	<input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$150.00	(b) Date of Charge 12/06/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name Numero		(b) Payee address; City, State, Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004	
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description fundraising software for Laurel Jordan Swift Campaign	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held



# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### 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.

<b>1</b>	Total pages Schedule F4: Sch: 10/10 Rpt: 89/89	<b>2</b>	FILER NAME Annie's List	<b>3</b>	Filer ID (Ethics Commission Filers) 00053715
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,293.90
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$114.98	(b) Date of Charge 12/31/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Prosperity Bank		(b) Payee address; City, State, Zip Code PO Box 660525 Dallas, TX 75266-0525	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description interest	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$300.18	(b) Date of Charge 11/13/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Zoom Video Communications		(b) Payee address; City, State, Zip Code 55 Almaden Blvd Ste 600 San Jose, CA 95113-1612	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description virtual meeting software	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$300.18	(b) Date of Charge 12/13/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Zoom Video Communications		(b) Payee address; City, State, Zip Code 55 Almaden Blvd Ste 600 San Jose, CA 95113-1612	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description virtual meeting software	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held