

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00053715	2 Total pages filed: 131
3 COMMITTEE NAME Annie's List			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/25/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 303277 Austin, TX 78703		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Piper NICKNAME LAST SUFFIX Stege Nelson		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3206 Harris Park Ave. Austin, TX 78705		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3206 Harris Park Ave. Austin, TX 78705		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (202) 812-0554		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2025 THROUGH 04/23/2025		
11 ELECTION	ELECTION DATE Month Day Year 05/03/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Annie's List		13 Filer ID (Ethics Commission Filers) 00053715	
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Ortiz Jones Gina Mayor of San Antonio	
		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 24,046.36	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 570.30	
	4. TOTAL POLITICAL EXPENDITURES	\$ 72,640.27	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 185,081.01	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00	

16 AFFIDAVIT

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

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.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Annie's List		18 Filer ID (Ethics Commission Filers) 00053715
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,046.36
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	\$ 55,960.31
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,400.00
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 15,638.54
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/88 Rpt: 4/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aberly, Naomi D. 6 Contributor address; City; State; Zip Code Boston, MA 02114-4212	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/05/2025	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 02/05/2025	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 03/05/2025	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 04/05/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/88 Rpt: 5/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Stacy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-4157	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Stacy <hr/> 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 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Stacy <hr/> 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 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allyn, Tammy <hr/> Contributor address; City; State; Zip Code Houston, TX 77077-6501	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/30/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/88 Rpt: 6/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Sarah 6 Contributor address; City; State; Zip Code Frisco, TX 75036-0166	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Development Coordinator		9 Employer (See Instructions)
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Sarah 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 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Shearer, Merrell Contributor address; City; State; Zip Code Austin, TX 78757-4328	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ardington, Amy Contributor address; City; State; Zip Code Bellville, TX 77418-9659	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ardington, Amy Contributor address; City; State; Zip Code Bellville, TX 77418-9659	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/88 Rpt: 7/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashworth, Susan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-4613	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions)
Date 02/14/2025	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 03/14/2025	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 04/14/2025	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 01/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babb, Ann <hr/> Contributor address; City; State; Zip Code Oaklyn, NJ 08107-1922	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babb, Ann <hr/> 6 Contributor address; City; State; Zip Code Oaklyn, NJ 08107-1922	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babb, Ann <hr/> Contributor address; City; State; Zip Code Oaklyn, NJ 08107-1922	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagwell, Inelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-5396	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagwell, Inelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-5396	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, John <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216-3520	Amount of Contribution (\$) \$10.53
Principal occupation / Job title (See Instructions) Non Profit Professional		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, John <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78216-3520	7 Amount of Contribution (\$) \$10.53
8 Principal occupation / Job title (See Instructions) Non Profit Professional		9 Employer (See Instructions)
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, John <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216-3520	Amount of Contribution (\$) \$10.53
Principal occupation / Job title (See Instructions) Non Profit Professional		Employer (See Instructions)
Date 01/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banister, Simin <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-2509	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banister, Simin <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-2509	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banister, Simin <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-2509	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/88 Rpt: 10/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 04/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banister, Simin 6 Contributor address; City; State; Zip Code Houston, TX 77019-2509	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Nancy Cozette Contributor address; City; State; Zip Code Arlington, TX 76006-4003	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Nancy Cozette Contributor address; City; State; Zip Code Arlington, TX 76006-4003	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions)
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Nancy Cozette Contributor address; City; State; Zip Code Arlington, TX 76006-4003	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions)
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Becky 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/88 Rpt: 11/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Becky 6 Contributor address; City; State; Zip Code Austin, TX 78731-6200	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Becky 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 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Becky 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 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beery, David Contributor address; City; State; Zip Code Spokane, WA 99206-6337	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Melissa 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/88 Rpt: 12/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Melissa <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-5271	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 03/23/2025	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 04/23/2025	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 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Eldo <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-3416	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bird, David <hr/> Contributor address; City; State; Zip Code Edgerton, WI 53534-9383	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/88 Rpt: 13/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Robert 6 Contributor address; City; State; Zip Code Austin, TX 78757-8134	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Robert 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 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Robert 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 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonifield, Alexandra Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Writer/tutor		Employer (See Instructions)
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonifield, Alexandra Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Writer/tutor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/88 Rpt: 14/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonifield, Alexandra <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Writer/tutor		9 Employer (See Instructions)
Date 01/12/2025	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 02/12/2025	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 03/12/2025	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 04/12/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/88 Rpt: 15/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brennan, Maje 6 Contributor address; City; State; Zip Code APO, AE 09128-1014	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Author		9 Employer (See Instructions)
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Angela Contributor address; City; State; Zip Code Denton, TX 76207-1288	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Angela Contributor address; City; State; Zip Code Denton, TX 76207-1288	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Angela Contributor address; City; State; Zip Code Denton, TX 76207-1288	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Angela Contributor address; City; State; Zip Code Denton, TX 76207-1288	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/88 Rpt: 16/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Royce 6 Contributor address; City; State; Zip Code Austin, TX 78702-4587	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Royce 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 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Royce 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 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Busfield, Pamela Contributor address; City; State; Zip Code Denton, TX 76210-1521	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Busfield, Pamela Contributor address; City; State; Zip Code Denton, TX 76210-1521	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/88 Rpt: 17/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Marilyn <hr/> 6 Contributor address; City; State; Zip Code Bristol, VA 24202-4449	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 01/04/2025	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 02/04/2025	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 03/04/2025	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 04/04/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/88 Rpt: 18/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, J F 6 Contributor address; City; State; Zip Code Castelnaud la Chapelle, VA 24250	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cato, Mary Contributor address; City; State; Zip Code Arlington, TX 76012-3033	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaussee, John 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 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaussee, John 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 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaussee, John 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/88 Rpt: 19/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaussee, John 6 Contributor address; City; State; Zip Code Dallas, TX 75235-1611	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Senior Director		9 Employer (See Instructions)
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevalier, Joi 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 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevalier, Joi 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 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevalier, Joi 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 04/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevalier, Joi 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/88 Rpt: 20/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiarito, Bebe <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97231-2600	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 02/28/2025	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 03/29/2025	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 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christgau, Robert <hr/> Contributor address; City; State; Zip Code New York, NY 10003-5741	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Journalist		Employer (See Instructions)
Date 01/20/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/88 Rpt: 21/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Ann <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-2049	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Certified Academic Language Therapist		9 Employer (See Instructions)
Date 03/20/2025	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 04/20/2025	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 01/26/2025	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)
Date 02/26/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/88 Rpt: 22/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Melinda 6 Contributor address; City; State; Zip Code Houston, TX 77227-2337	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Roger 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 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contardo, Nicolina Contributor address; City; State; Zip Code Hamilton Square, NJ 08690-3525	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contardo, Nicolina Contributor address; City; State; Zip Code Hamilton Square, NJ 08690-3525	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordell, Andrew Contributor address; City; State; Zip Code Fort Worth, TX 76133-4804	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/88 Rpt: 23/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Leilani <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97201-3371	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Quality Analytic Reporting Specialist		9 Employer (See Instructions)
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Leilani <hr/> Contributor address; City; State; Zip Code Portland, OR 97201-3371	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Quality Analytic Reporting Specialist		Employer (See Instructions)
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Leilani <hr/> Contributor address; City; State; Zip Code Portland, OR 97201-3371	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Quality Analytic Reporting Specialist		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, DeAnne <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-1542	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Associate Director for Outreach		Employer (See Instructions)
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, DeAnne <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-1542	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Associate Director for Outreach		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/88 Rpt: 24/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, DeAnne 6 Contributor address; City; State; Zip Code San Antonio, TX 78212-1542	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Associate Director for Outreach		9 Employer (See Instructions)
Date 04/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, DeAnne Contributor address; City; State; Zip Code San Antonio, TX 78212-1542	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Associate Director for Outreach		Employer (See Instructions)
Date 01/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy Contributor address; City; State; Zip Code San Antonio, TX 78217-4025	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse practitioner		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy Contributor address; City; State; Zip Code San Antonio, TX 78217-4025	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse practitioner		Employer (See Instructions)
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy Contributor address; City; State; Zip Code San Antonio, TX 78217-4025	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/88 Rpt: 25/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 04/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy 6 Contributor address; City; State; Zip Code San Antonio, TX 78217-4025	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse practitioner		9 Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeCoux, Beverlee Contributor address; City; State; Zip Code Alamo, TX 78516-2604	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeCoux, Beverlee Contributor address; City; State; Zip Code Alamo, TX 78516-2604	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeCoux, Beverlee Contributor address; City; State; Zip Code Alamo, TX 78516-2604	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeCoux, Beverlee Contributor address; City; State; Zip Code Alamo, TX 78516-2604	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/88 Rpt: 26/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean-Jones, Lesley <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78751-3009	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions)
Date 01/13/2025	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 02/13/2025	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 03/13/2025	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 04/13/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/88 Rpt: 27/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dibrell, Lauri 6 Contributor address; City; State; Zip Code Texas City, TX 77591-7000	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dibrell, Lauri 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)
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dibrell, Lauri 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)
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dibrell, Lauri 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)
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diehl, Nancy S. Contributor address; City; State; Zip Code San Antonio, TX 78210-1266	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/88 Rpt: 28/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Jaquelin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759-8025	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions)
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Jaquelin <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-8025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Jaquelin <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-8025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Jaquelin <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-8025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 01/02/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/88 Rpt: 29/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Smart, Patricia <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79605-4916	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 03/02/2025	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 04/02/2025	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 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Quincy <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-5147	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions)
Date 02/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Quincy <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-5147	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/88 Rpt: 30/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Quincy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-5147	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Chef		9 Employer (See Instructions)
Date 04/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Quincy <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-5147	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions)
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Analyse <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 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Analyse <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 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Analyse <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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/88 Rpt: 31/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 04/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Analysse <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20002-7373	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) White house liaison		9 Employer (See Instructions)
Date 02/08/2025	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 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Etheridge, Cecilia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213-1156	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/09/2025	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)
Date 02/09/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/88 Rpt: 32/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Mary 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-3702	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Organizational Development Consultant		9 Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Mary Contributor address; City; State; Zip Code San Antonio, TX 78209-3702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Organizational Development Consultant		Employer (See Instructions)
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Mary Contributor address; City; State; Zip Code San Antonio, TX 78209-3702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Organizational Development Consultant		Employer (See Instructions)
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Mary Contributor address; City; State; Zip Code San Antonio, TX 78209-3702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Organizational Development Consultant		Employer (See Instructions)
Date 01/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fossler, Kerry Contributor address; City; State; Zip Code Bastrop, TX 78602-2135	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/88 Rpt: 33/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fossler, Kerry <hr/> 6 Contributor address; City; State; Zip Code Bastrop, TX 78602-2135	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Real Estate Agent		9 Employer (See Instructions)
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fossler, Kerry <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602-2135	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions)
Date 04/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fossler, Kerry <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602-2135	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions)
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Michael <hr/> Contributor address; City; State; Zip Code Chicago, IL 60637-3812	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 02/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Michael <hr/> Contributor address; City; State; Zip Code Chicago, IL 60637-3812	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/88 Rpt: 34/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Michael 6 Contributor address; City; State; Zip Code Chicago, IL 60637-3812	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions)
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Michael Contributor address; City; State; Zip Code Chicago, IL 60637-3812	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowles, Nicole 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 02/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowles, Nicole 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 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowles, Nicole 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/88 Rpt: 35/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 04/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowles, Nicole <hr/> 6 Contributor address; City; State; Zip Code Helotes, TX 78023-4168	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions)
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier Redick, Sarah <hr/> Contributor address; City; State; Zip Code Houston, TX 77055-1671	Amount of Contribution (\$) \$103.45
Principal occupation / Job title (See Instructions) SVP/Market Manager		Employer (See Instructions)
Date 01/28/2025	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 02/28/2025	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 03/28/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/88 Rpt: 36/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Alexandra <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731-5206	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 02/28/2025	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 03/31/2025	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 01/17/2025	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 02/17/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/88 Rpt: 37/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garber, Martha <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019-5820	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/17/2025	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 01/31/2025	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)
Date 02/28/2025	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)
Date 03/31/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/88 Rpt: 38/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaynor, Yvette Houlihan 6 Contributor address; City; State; Zip Code Houston, TX 77024-2704	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaynor, Yvette Houlihan 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 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaynor, Yvette Houlihan 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 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, Karen 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 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, Karen 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/88 Rpt: 39/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, Karen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-1962	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 04/09/2025	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 01/16/2025	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) Associate Director		Employer (See Instructions)
Date 01/14/2025	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 02/14/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/88 Rpt: 40/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Al 6 Contributor address; City; State; Zip Code Austin, TX 78763-0360	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Al 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 01/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenfield, Stuart J 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)
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenfield, Stuart J 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)
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenfield, Stuart J 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/88 Rpt: 41/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 04/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenfield, Stuart J <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757-6811	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Lecturer		9 Employer (See Instructions)
Date 01/18/2025	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 consultant		Employer (See Instructions)
Date 02/18/2025	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 consultant		Employer (See Instructions)
Date 03/18/2025	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 consultant		Employer (See Instructions)
Date 04/18/2025	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 consultant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/88 Rpt: 42/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grosso, Kenneth <hr/> 6 Contributor address; City; State; Zip Code Montclair, NJ 07042-2914	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grosso, Kenneth <hr/> Contributor address; City; State; Zip Code Montclair, NJ 07042-2914	Amount of Contribution (\$) \$5.36
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, Margo <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633-2189	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/12/2025	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)
Date 02/12/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/88 Rpt: 43/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Linda <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759-3968	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 04/12/2025	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)
Date 01/09/2025	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 02/09/2025	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 03/09/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/88 Rpt: 44/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 04/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Kendyl <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704-3624	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions)
Date 01/20/2025	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 02/20/2025	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 03/20/2025	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 04/20/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/88 Rpt: 45/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 04/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Lis <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77030-2028	7 Amount of Contribution (\$) \$3,000.00
8 Principal occupation / Job title (See Instructions) Senior Client and Project Manager		9 Employer (See Instructions)
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris-Reynolds, Bonnie <hr/> Contributor address; City; State; Zip Code College Station, TX 77840-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris-Reynolds, Bonnie <hr/> Contributor address; City; State; Zip Code College Station, TX 77840-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris-Reynolds, Bonnie <hr/> Contributor address; City; State; Zip Code College Station, TX 77840-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Rev. Jody <hr/> Contributor address; City; State; Zip Code Austin, TX 78748-3106	Amount of Contribution (\$) \$20.85
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/88 Rpt: 46/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 04/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Rev. Jody <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748-3106	7 Amount of Contribution (\$) \$20.85
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernholm, Cameron <hr/> Contributor address; City; State; Zip Code Dallas, TX 75223-1124	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Chief Philanthropy Officer		Employer (See Instructions)
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernholm, Cameron <hr/> Contributor address; City; State; Zip Code Dallas, TX 75223-1124	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Chief Philanthropy Officer		Employer (See Instructions)
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Linda <hr/> Contributor address; City; State; Zip Code Denton, TX 76209-1154	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/14/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/88 Rpt: 47/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Adam <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006-4218	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions)
Date 03/14/2025	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 04/14/2025	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 01/21/2025	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 02/21/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/88 Rpt: 48/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holzer, Jean 6 Contributor address; City; State; Zip Code Galveston, TX 77551-1745	7 Amount of Contribution (\$) \$18.00
8 Principal occupation / Job title (See Instructions) systems & data analyst		9 Employer (See Instructions)
Date 04/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holzer, Jean 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 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hovey, Krista Contributor address; City; State; Zip Code Pasadena, TX 77505-3748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hovey, Krista Contributor address; City; State; Zip Code Pasadena, TX 77505-3748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hovey, Krista Contributor address; City; State; Zip Code Pasadena, TX 77505-3748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/88 Rpt: 49/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Elaine <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77025-3663	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 02/27/2025	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)
Date 03/27/2025	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)
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howden, Norman <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-2318	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Amy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5048	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Legal marketing		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/88 Rpt: 50/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Amy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229-5048	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Legal marketing		9 Employer (See Instructions)
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Amy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5048	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Legal marketing		Employer (See Instructions)
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutto-Blake, Tommie <hr/> Contributor address; City; State; Zip Code Becket, MA 01223-3275	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions)
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutto-Blake, Tommie <hr/> Contributor address; City; State; Zip Code Becket, MA 01223-3275	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions)
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Marge <hr/> Contributor address; City; State; Zip Code Farmers Branch, TX 75234-2550	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/88 Rpt: 51/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jasso, Patricia <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78223-3322	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 01/01/2025	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)
Date 02/01/2025	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)
Date 03/01/2025	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)
Date 04/01/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/88 Rpt: 52/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Blalock, Jennifer <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10001-6261	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) literary agent		9 Employer (See Instructions)
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Blalock, Jennifer <hr/> Contributor address; City; State; Zip Code New York, NY 10001-6261	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) literary agent		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Blalock, Jennifer <hr/> Contributor address; City; State; Zip Code New York, NY 10001-6261	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) literary agent		Employer (See Instructions)
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Blalock, Jennifer <hr/> Contributor address; City; State; Zip Code New York, NY 10001-6261	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) literary agent		Employer (See Instructions)
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Junker, Rebecca <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469-2340	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/88 Rpt: 53/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KING, STEPHEN <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77061-3831	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KING, STEPHEN <hr/> Contributor address; City; State; Zip Code Houston, TX 77061-3831	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KING, STEPHEN <hr/> Contributor address; City; State; Zip Code Houston, TX 77061-3831	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KLISE, SONJA <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441-1432	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Auditor		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KLISE, SONJA <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441-1432	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Auditor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/88 Rpt: 54/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karempudi, Sahiti 6 Contributor address; City; State; Zip Code Austin, TX 78702-5313	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) program coordinator		9 Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karempudi, Sahiti 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 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karempudi, Sahiti 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 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenton, John Contributor address; City; State; Zip Code San Antonio, TX 78239-3097	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khoslas, Joan 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/88 Rpt: 55/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khoslas, Joan <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77292-0720	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions)
Date 03/03/2025	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 04/03/2025	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 01/27/2025	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 02/27/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/88 Rpt: 56/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOWREY, AMY L <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704-2412	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 01/18/2025	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 02/18/2025	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 03/18/2025	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 04/18/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/88 Rpt: 57/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Mai 6 Contributor address; City; State; Zip Code Sunnyvale, CA 94087-5202	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions)
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Mai 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 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Mai 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 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Mai 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 01/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leff, Debra S 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/88 Rpt: 58/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leff, Debra S <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78756-3525	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/18/2025	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 04/18/2025	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 01/14/2025	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 02/14/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/88 Rpt: 59/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lervisit, Woot 6 Contributor address; City; State; Zip Code Dallas, TX 75243-4001	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lervisit, Woot 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 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Sandra S. Contributor address; City; State; Zip Code Houston, TX 77024-8001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Sandra S. Contributor address; City; State; Zip Code Houston, TX 77024-8001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Sandra S. Contributor address; City; State; Zip Code Houston, TX 77024-8001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/88 Rpt: 60/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 04/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Sandra S. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77024-8001	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions)
Date 01/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucido, Rita <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-1741	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucido, Rita <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-1741	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions)
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucido, Rita <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-1741	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions)
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucido, Rita <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-1741	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/88 Rpt: 61/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madden, Judy 6 Contributor address; City; State; Zip Code San Antonio, TX 78216-7708	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madden, Judy 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 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madden, Judy 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 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madden, Judy 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 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Susie Contributor address; City; State; Zip Code Plano, TX 75093-5937	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/88 Rpt: 62/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77092-5229	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/31/2025	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 02/28/2025	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 03/31/2025	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 01/15/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/88 Rpt: 63/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Spencer 6 Contributor address; City; State; Zip Code Houston, TX 77084-4312	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Spencer 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 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Spencer 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 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donna 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 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donna 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/88 Rpt: 64/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donna <hr/> 6 Contributor address; City; State; Zip Code Belmont, MA 02478-1947	7 Amount of Contribution (\$) <div style="text-align: right;">\$7.00</div>
8 Principal occupation / Job title (See Instructions) Management consultant		9 Employer (See Instructions)
Date 04/07/2025	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 (\$) <div style="text-align: right;">\$7.00</div>
Principal occupation / Job title (See Instructions) Management consultant		Employer (See Instructions)
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Carolyn <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-9342	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/17/2025	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 (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 02/17/2025	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 (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/88 Rpt: 65/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Maureen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757-1949	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions)
Date 04/17/2025	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 01/26/2025	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)
Date 02/26/2025	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)
Date 03/26/2025	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)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/88 Rpt: 66/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andrew 6 Contributor address; City; State; Zip Code Dallas, TX 75248-1505	7 Amount of Contribution (\$) \$5.36
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions)
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy Contributor address; City; State; Zip Code Dallas, TX 75248-1505	Amount of Contribution (\$) \$7.43
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuffey, Barbara Shivers 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 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuffey, Barbara Shivers 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 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuffey, Barbara Shivers 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/88 Rpt: 67/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIlheran, Sarah <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78734-1525	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) physical therapist		9 Employer (See Instructions)
Date 02/07/2025	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 03/07/2025	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 04/07/2025	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 01/08/2025	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)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/88 Rpt: 68/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle 6 Contributor address; City; State; Zip Code Austin, TX 78759-4723	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Assistant General Counsel		9 Employer (See Instructions)
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle Contributor address; City; State; Zip Code Austin, TX 78759-4723	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Assistant General Counsel		Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle Contributor address; City; State; Zip Code Austin, TX 78759-4723	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assistant General Counsel		Employer (See Instructions)
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle Contributor address; City; State; Zip Code Austin, TX 78759-4723	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Assistant General Counsel		Employer (See Instructions)
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle Contributor address; City; State; Zip Code Austin, TX 78759-4723	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assistant General Counsel		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/88 Rpt: 69/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759-4723	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Assistant General Counsel		9 Employer (See Instructions)
Date 01/28/2025	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 (\$) \$100.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 02/28/2025	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 (\$) \$100.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 03/28/2025	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 (\$) \$100.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montoya, Celina <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-5185	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/88 Rpt: 70/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Karen <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76116-8156	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nadeau, Christine <hr/> Contributor address; City; State; Zip Code Hercules, CA 94547-2716	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nettles, Scott <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-2829	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nettles, Scott <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-2829	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 01/22/2025	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)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/88 Rpt: 71/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Cheryl 6 Contributor address; City; State; Zip Code Arlington, TX 76011-2620	7 Amount of Contribution (\$) \$5.25
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Cheryl 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 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Cheryl 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 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nikolatos, John Contributor address; City; State; Zip Code San Antonio, TX 78228-2003	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Shannon 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)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/88 Rpt: 72/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Shannon 6 Contributor address; City; State; Zip Code Austin, TX 78735-6605	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Shannon 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 04/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Shannon 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 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onderlinde, William Contributor address; City; State; Zip Code San Antonio, TX 78245-3031	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Laborer		Employer (See Instructions)
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborn, Charissa Contributor address; City; State; Zip Code Saint Paul, MN 55106-6319	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Operations Analyst		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/88 Rpt: 73/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Mary Anna <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-7871	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Real estate broker		9 Employer (See Instructions)
Date 02/18/2025	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 03/18/2025	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 04/18/2025	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 01/01/2025	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)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/88 Rpt: 74/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrenod, William 6 Contributor address; City; State; Zip Code New Orleans, LA 70117-5727	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nonprofit Business Consultant		9 Employer (See Instructions)
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrenod, William 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 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrenod, William 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 01/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Linda 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 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Linda 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)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/88 Rpt: 75/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Linda <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757-1830	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petit, Kimberlie <hr/> Contributor address; City; State; Zip Code Pottsboro, TX 75076-0445	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) clerk		Employer (See Instructions)
Date 01/05/2025	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 02/05/2025	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 03/05/2025	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)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/88 Rpt: 76/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 04/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polito, Catherine 6 Contributor address; City; State; Zip Code Austin, TX 78759-5001	7 Amount of Contribution (\$) \$20.85
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poyser, Linda Contributor address; City; State; Zip Code Austin, TX 78704-2716	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Provencher, Denise Contributor address; City; State; Zip Code Plano, TX 75023-1114	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Erica Contributor address; City; State; Zip Code Fort Worth, TX 76109-5003	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Sandra Lemcke Contributor address; City; State; Zip Code Houston, TX 77006-6166	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/88 Rpt: 77/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Sandra Lemcke <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006-6166	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Sandra Lemcke <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-6166	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Sandra Lemcke <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-6166	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renteria, Anita <hr/> Contributor address; City; State; Zip Code Houston, TX 77055-6728	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director Business Development		Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynoso, Beatriz <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552-2261	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Design Consulting		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/88 Rpt: 78/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Joanne <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78750-8202	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions)
Date 02/02/2025	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 03/02/2025	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 04/02/2025	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 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Richard <hr/> Contributor address; City; State; Zip Code Branchburg, NJ 08876-3658	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/88 Rpt: 79/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean 6 Contributor address; City; State; Zip Code Fort Worth, TX 76137-2058	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean 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)
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean 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)
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Mary Esther Contributor address; City; State; Zip Code Houston, TX 77005-4332	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Mary Esther Contributor address; City; State; Zip Code Houston, TX 77005-4332	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/88 Rpt: 80/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Mary Esther <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-4332	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions)
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Mary Esther <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-4332	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 01/29/2025	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 02/28/2025	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 (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 03/29/2025	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 (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/88 Rpt: 81/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarath, Patrice <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757-3036	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Researcher		9 Employer (See Instructions)
Date 02/28/2025	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 03/29/2025	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 01/06/2025	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 02/06/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/88 Rpt: 82/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawyer, Robin <hr/> 6 Contributor address; City; State; Zip Code Mclean, VA 22102-5864	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Programs Manager		9 Employer (See Instructions)
Date 04/06/2025	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 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmatjen, Sheryl <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251-4332	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/14/2025	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 (\$) \$20.00
Principal occupation / Job title (See Instructions) civil service		Employer (See Instructions)
Date 01/15/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/88 Rpt: 83/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharpe, Mary <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-2833	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) planning facilitator		9 Employer (See Instructions)
Date 03/15/2025	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 04/15/2025	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 01/05/2025	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 02/05/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/88 Rpt: 84/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skidmore, Danielle <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701-4271	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Civil Engineer		9 Employer (See Instructions)
Date 04/05/2025	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 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith-Connell, Kathryn <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626-6943	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 01/09/2025	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 02/09/2025	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)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/88 Rpt: 85/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinwedell, Patricia 6 Contributor address; City; State; Zip Code Austin, TX 78746-6986	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Finance		9 Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinwedell, Patricia 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 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoltz, Suzanne Contributor address; City; State; Zip Code Kingwood, TX 77339-2349	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 01/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabor, Catherine L 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 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabor, Catherine L 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/88 Rpt: 86/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabor, Catherine L 6 Contributor address; City; State; Zip Code Austin, TX 78703-3314	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabor, Catherine L 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 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taube, DeEtta Contributor address; City; State; Zip Code Tucson, AZ 85710-4523	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Temple, Ellen 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)
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Temple, Ellen 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/88 Rpt: 87/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 04/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tribble, Curtis 6 Contributor address; City; State; Zip Code San Antonio, TX 78244-2318	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 01/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Elizabeth 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 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Elizabeth 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 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Elizabeth 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 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Elizabeth 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/88 Rpt: 88/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Doris <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76110-1741	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Caseworker		9 Employer (See Instructions)
Date 02/19/2025	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) Caseworker		Employer (See Instructions)
Date 03/19/2025	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) Caseworker		Employer (See Instructions)
Date 04/19/2025	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) Caseworker		Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein, Hilary <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-2795	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/88 Rpt: 89/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein, Hilary <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-2795	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein, Hilary <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-2795	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 01/30/2025	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 02/28/2025	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 03/30/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/88 Rpt: 90/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Taylor <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76110-1110	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions)
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Taylor <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110-1110	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)
Date 01/27/2025	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 02/27/2025	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 03/27/2025	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)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/88 Rpt: 91/131
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeager, Bob 6 Contributor address; City; State; Zip Code The Woodlands, TX 77380-3344	7 Amount of Contribution (\$) \$10.53
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeager, Bob 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 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeager, Bob 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 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeager, Bob 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 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) van Gelder, Diane Contributor address; City; State; Zip Code Watauga, TX 76148-3225	Amount of Contribution (\$) \$103.45
Principal occupation / Job title (See Instructions) Retired		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.

1 Total pages Schedule F1: Sch: 1/18 Rpt: 92/131	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/05/2025	5 Payee name ActBlue	
6 Amount (\$) \$9.24 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 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 contribution processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/12/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$7.99 <input type="checkbox"/> Expenditure from corporate funds	Payee name ActBlue 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 contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/19/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$19.87 <input type="checkbox"/> Expenditure from corporate funds	Payee name ActBlue 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 contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/18 Rpt: 93/131	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/26/2025	5 Payee name ActBlue	
6 Amount (\$) \$33.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 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 contribution processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$26.82 <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 contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/09/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$33.45 <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 contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/18 Rpt: 94/131	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/16/2025	5 Payee name ActBlue	
6 Amount (\$) \$11.69 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 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 contribution processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/23/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$34.04 <input type="checkbox"/> Expenditure from corporate funds	Payee name ActBlue 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 contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/02/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$26.83 <input type="checkbox"/> Expenditure from corporate funds	Payee name ActBlue 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 contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/18 Rpt: 95/131	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/09/2025	5 Payee name ActBlue	
6 Amount (\$) \$15.45 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 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 contribution processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/16/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$15.84 <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 contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$17.48 <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 contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/18 Rpt: 96/131	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/30/2025	5 Payee name ActBlue	
6 Amount (\$) \$17.84 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 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 contribution processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2025	Payee name ActBlue	
Amount (\$) \$4.45 <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 contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/06/2025	Payee name ActBlue	
Amount (\$) \$13.59 <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 contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/18 Rpt: 97/131	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 04/13/2025	5 Payee name ActBlue	
6 Amount (\$) \$10.19 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
8 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 contribution processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$12.38 <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 contribution processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name Blue Scout Digital		
Amount (\$) \$1,600.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2505 Royal Birkdale Dr Plano, TX 75025-5067	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/18 Rpt: 98/131	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/14/2025	5 Payee name Blue Scout Digital	
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2505 Royal Birkdale Dr Plano, TX 75025-5067	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/14/2025	Candidate/Officeholder name Blue Scout Digital	
Amount (\$) \$2,600.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2505 Royal Birkdale Dr Plano, TX 75025-5067	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/13/2025	Candidate/Officeholder name Blue Scout Digital	
Amount (\$) \$1,600.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2505 Royal Birkdale Dr Plano, TX 75025-5067	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/18 Rpt: 99/131	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/25/2025	5 Payee name Blue Scout Digital	
6 Amount (\$) \$1,400.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2505 Royal Birkdale Dr Plano, TX 75025-5067	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/06/2025	Candidate/Officeholder name Gusto	
Amount (\$) \$149.24 <input type="checkbox"/> Expenditure from corporate funds	Office sought 525 20th St San Francisco, CA 94107-4345	
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 Payroll platform fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/05/2025	Candidate/Officeholder name Gusto	
Amount (\$) \$149.24 <input type="checkbox"/> Expenditure from corporate funds	Office sought 525 20th St San Francisco, CA 94107-4345	
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 Payroll platform fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/18 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/05/2025	5 Payee name Gusto	
6 Amount (\$) \$149.24 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107-4345	
8 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 Payroll Platform Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/03/2025	Payee name Gusto	
Amount (\$) \$149.24 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107-4345	
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 Payroll platform fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2025	Payee name Humana Inc.	
Amount (\$) \$128.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 4612 Carol Stream, IL 60197-4612	
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 Health insurance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/18 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/03/2025	5 Payee name Humana Inc.	
6 Amount (\$) \$128.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 4612 Carol Stream, IL 60197-4612	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Health insurance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/03/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$375.35 <input type="checkbox"/> Expenditure from corporate funds	Payee name Humana Inc. Payee address; City; State; Zip Code PO Box 4612 Carol Stream, IL 60197-4612	
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 Health insurance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$31.79 <input type="checkbox"/> Expenditure from corporate funds	Payee name Humana Inc. Payee address; City; State; Zip Code PO Box 4612 Carol Stream, IL 60197-4612	
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 insurance fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/18 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/28/2025	5 Payee name Intuit	
6 Amount (\$) \$105.53 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043-1126	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting software fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Intuit		
Amount (\$) \$105.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043-1126	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting software fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Intuit		
Amount (\$) \$105.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043-1126	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting software fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/18 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/03/2025	5 Payee name NGP VAN Inc.	
6 Amount (\$) \$2,053.21 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/06/2025	Candidate/Officeholder name Office sought Office held	
Payee name NGP VAN Inc.		
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	
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 Database software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name NGP VAN Inc.		
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	
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 Database software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/18 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 04/03/2025	5 Payee name NGP VAN Inc.	
6 Amount (\$) \$2,053.21 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/02/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/03/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/18 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/03/2025	5 Payee name Numero	
6 Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004	
8 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/02/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee name Numero 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/12/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1,938.00 <input type="checkbox"/> Expenditure from corporate funds	Payee name Prosperity Bank Payee address; City; State; Zip Code PO Box 660525 Dallas, TX 75266-0525	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/18 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 04/04/2025	5 Payee name Prosperity Bank	
6 Amount (\$) \$2,642.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 660525 Dallas, TX 75266-0525	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2025	Payee name Prosperity Bank	
Amount (\$) \$7,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 660525 Dallas, TX 75266-0525	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/08/2025	Payee name Susan Harry Consulting	
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703-0018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/18 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 01/08/2025	5 Payee name Susan Harry Consulting	
6 Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703-0018	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name Susan Harry Consulting		
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703-0018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name Susan Harry Consulting		
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703-0018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name Susan Harry Consulting		
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703-0018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/18 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 02/20/2025	5 Payee name Susan Harry Consulting	
6 Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703-0018	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/10/2025	Payee name United HealthCare	
Amount (\$) \$6,198.80 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1250 S Capital of Texas Hwy Bldg 1 West Lake Hills, TX 78746-6446	
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 Health insurance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2025	Payee name United HealthCare	
Amount (\$) \$3,099.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1250 S Capital of Texas Hwy Bldg 1 West Lake Hills, TX 78746-6446	
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 Health insurance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/18 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 03/12/2025	5 Payee name United HealthCare	
6 Amount (\$) \$3,099.40 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1250 S Capital of Texas Hwy Bldg 1 West Lake Hills, TX 78746-6446	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Health insurance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name United HealthCare		
Amount (\$) \$6,198.80 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1250 S Capital of Texas Hwy Bldg 1 West Lake Hills, TX 78746-6446	
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 Health insurance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 110/131	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 04/23/2025	6 Payee name Blue Scout Digital	
7 Amount (\$) \$1,400.00 <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code 2505 Royal Birkdale Dr Plano, TX 75025-5067	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting (\$250 in-kind / \$500 Direct Expenditure to Gina Ortiz Jones Campaign,)
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Ortiz Jones, Gina (The Honorable)	Office sought Mayor of San Antonio
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.

1 Total pages Schedule F4: Sch: 1/21 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution Prosperity Bank		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$358.58	(b) Date of Charge 03/01/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Drawn to Life		(b) Payee address; City, State, Zip Code unknown unknown, TX 11111
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) fraudulent charge		(b) Description Fraudulent charge made to credit card. Seeking credit.
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$64.94	(b) Date of Charge 03/31/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025
PAYEE	(a) Payee name Adobe Systems Inc.		(b) Payee address; City, State, Zip Code 345 Park Ave San Jose, CA 95110-2704
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			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$250.51	(b) Date of Charge 01/06/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
PAYEE	(a) Payee name Intuit		(b) Payee address; City, State, Zip Code 2632 Marine Way Mountain View, CA 94043-1126
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 fees
(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.

1 Total pages Schedule F4: Sch: 2/21 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$250.51	(b) Date of Charge 02/06/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
7 PAYEE	(a) Payee name Intuit		(b) Payee address; City, State, Zip Code 2632 Marine Way Mountain View, CA 94043-1126
8 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 fees
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$250.51	(b) Date of Charge 03/06/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025
PAYEE	(a) Payee name Intuit		(b) Payee address; City, State, Zip Code 2632 Marine Way Mountain View, CA 94043-1126
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 fees
(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		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$306.97	(b) Date of Charge 01/09/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
PAYEE	(a) Payee name United Airlines		(b) Payee address; City, State, Zip Code 233 S Wacker Dr Chicago, IL 60606-7147
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 Airfare
(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.

1 Total pages Schedule F4: Sch: 3/21 Rpt:		2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33	
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$455.16	(b) Date of Charge 03/03/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025	
7 PAYEE		(a) Payee name United Airlines		(b) Payee address; City, State, Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
8 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 Airfare	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$22.99	(b) Date of Charge 01/09/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025	
PAYEE		(a) Payee name United Airlines		(b) Payee address; City, State, Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Airline fee	
		(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	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$22.99	(b) Date of Charge 01/09/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025	
PAYEE		(a) Payee name United Airlines		(b) Payee address; City, State, Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Airline fee	
		(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.

1 Total pages Schedule F4: Sch: 4/21 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$40.00	(b) Date of Charge 01/22/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
7 PAYEE	(a) Payee name United Airlines		(b) Payee address; City, State, Zip Code 233 S Wacker Dr Chicago, IL 60606-7147
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Airline fee
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$280.00	(b) Date of Charge 01/16/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
PAYEE	(a) Payee name Vonlane		(b) Payee address; City, State, Zip Code 6310 Lemmon Ave Ste 125 Dallas, TX 75209-5812
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 bus fare
(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		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$145.00	(b) Date of Charge 01/30/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
PAYEE	(a) Payee name Vonlane		(b) Payee address; City, State, Zip Code 6310 Lemmon Ave Ste 125 Dallas, TX 75209-5812
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 bus fare
(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.

1 Total pages Schedule F4: Sch: 5/21 Rpt:		2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33	
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$145.00	(b) Date of Charge 02/27/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025	
7 PAYEE		(a) Payee name Vonlane		(b) Payee address; City, State, Zip Code 6310 Lemmon Ave Ste 125 Dallas, TX 75209-5812	
8 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 bus fare	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$1,514.42	(b) Date of Charge 03/15/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025	
PAYEE		(a) Payee name Apple		(b) Payee address; City, State, Zip Code 1 Infinite Loop Cupertino, CA 95014-2083	
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 Communications equipment	
		(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	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$350.00	(b) Date of Charge 01/07/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025	
PAYEE		(a) Payee name America Votes		(b) Payee address; City, State, Zip Code PO Box 33516 Washington, DC 20033-0516	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Conference attendance	
		(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.

1 Total pages Schedule F4: Sch: 6/21 Rpt:		2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33	
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$350.00	(b) Date of Charge 01/07/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025	
7 PAYEE		(a) Payee name America Votes		(b) Payee address; City, State, Zip Code PO Box 33516 Washington, DC 20033-0516	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Conference attendance	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$26.65	(b) Date of Charge 01/01/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025	
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	
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$106.60	(b) Date of Charge 01/01/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025	
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	
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	
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.

1 Total pages Schedule F4: Sch: 7/21 Rpt:		2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33	
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$391.77	(b) Date of Charge 02/05/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025	
7 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	
8 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$26.65	(b) Date of Charge 02/05/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025	
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	
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$783.54	(b) Date of Charge 02/25/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025	
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	
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	
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.

1 Total pages Schedule F4: Sch: 8/21 Rpt:		2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33	
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$223.86	(b) Date of Charge 03/02/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025	
7 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	
8 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$26.65	(b) Date of Charge 03/02/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025	
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	
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$391.77	(b) Date of Charge 03/02/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025	
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	
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	
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.

1 Total pages Schedule F4: Sch: 9/21 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$491.22	(b) Date of Charge 01/04/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
7 PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351
8 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		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$81.14	(b) Date of Charge 01/04/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351
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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$370.87	(b) Date of Charge 01/24/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
PAYEE	(a) Payee name The Cosmopolitan of Las Vegas		(b) Payee address; City, State, Zip Code 3708 Boulevard Tower Las Vegas Level S 2 Las Vegas, NV 89109
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
	(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.

1 Total pages Schedule F4: Sch: 10/21 Rpt:		2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33	
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$150.00	(b) Date of Charge 01/01/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025	
7 PAYEE		(a) Payee name Numero		(b) Payee address; City, State, Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004	
8 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	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$750.00	(b) Date of Charge 01/12/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025	
PAYEE		(a) Payee name CallTime.AI		(b) Payee address; City, State, Zip Code 2627 E College Ave Visalia, CA 93292-3205	
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	
		(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	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$50.00	(b) Date of Charge 01/13/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025	
PAYEE		(a) Payee name Numero		(b) Payee address; City, State, Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004	
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	
		(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.

1 Total pages Schedule F4: Sch: 11/21 Rpt:		2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33	
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$50.00	(b) Date of Charge 02/07/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025	
7 PAYEE		(a) Payee name Numero		(b) Payee address; City, State, Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004	
8 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	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$50.00	(b) Date of Charge 03/01/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025	
PAYEE		(a) Payee name Numero		(b) Payee address; City, State, Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004	
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	
		(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	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$150.00	(b) Date of Charge 03/01/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025	
PAYEE		(a) Payee name Numero		(b) Payee address; City, State, Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004	
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	
		(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.

1 Total pages Schedule F4: Sch: 12/21 Rpt:		2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33	
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$150.00	(b) Date of Charge 03/01/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025	
7 PAYEE		(a) Payee name Numero		(b) Payee address; City, State, Zip Code 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004	
8 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	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$750.00	(b) Date of Charge 03/12/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025	
PAYEE		(a) Payee name Call Time.AI		(b) Payee address; City, State, Zip Code 2627 E College Ave Visalia, CA 93292-3205	
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	
		(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	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$1,279.26	(b) Date of Charge 01/13/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025	
PAYEE		(a) Payee name J. Archer Insurance Group		(b) Payee address; City, State, Zip Code 5252 Westchester St Ste 260 Houston, TX 77005-4141	
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 Insurance	
		(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.

1 Total pages Schedule F4: Sch: 13/21 Rpt:		2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33	
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$170.01	(b) Date of Charge 01/31/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025	
7 PAYEE		(a) Payee name Prosperity Bank		(b) Payee address; City, State, Zip Code PO Box 660525 Dallas, TX 75266-0525	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description interest charges	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$173.70	(b) Date of Charge 02/28/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025	
PAYEE		(a) Payee name Prosperity Bank		(b) Payee address; City, State, Zip Code PO Box 660525 Dallas, TX 75266-0525	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description interest charges	
		(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	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$230.24	(b) Date of Charge 03/31/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025	
PAYEE		(a) Payee name Prosperity Bank		(b) Payee address; City, State, Zip Code PO Box 660525 Dallas, TX 75266-0525	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description interest charges	
		(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.

1 Total pages Schedule F4: Sch: 14/21 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$300.18	(b) Date of Charge 01/13/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
7 PAYEE	(a) Payee name Zoom Video Communications		(b) Payee address; City, State, Zip Code 55 Almaden Blvd Ste 600 San Jose, CA 95113-1612
8 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 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		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$5.00	(b) Date of Charge 01/17/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
PAYEE	(a) Payee name Lyft		(b) Payee address; City, State, Zip Code 548 Market St San Francisco, CA 94104-5401
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 ride share
	(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		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$13.46	(b) Date of Charge 01/18/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
PAYEE	(a) Payee name Lyft		(b) Payee address; City, State, Zip Code 548 Market St San Francisco, CA 94104-5401
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 ride share
	(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.

1 Total pages Schedule F4: Sch: 15/21 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$9.24	(b) Date of Charge 01/19/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
7 PAYEE	(a) Payee name Lyft		(b) Payee address; City, State, Zip Code 548 Market St San Francisco, CA 94104-5401
8 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 ride share
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$47.99	(b) Date of Charge 01/23/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
PAYEE	(a) Payee name Lyft		(b) Payee address; City, State, Zip Code 548 Market St San Francisco, CA 94104-5401
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 ride share
(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		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$34.72	(b) Date of Charge 01/23/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
PAYEE	(a) Payee name Lyft		(b) Payee address; City, State, Zip Code 548 Market St San Francisco, CA 94104-5401
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 ride share
(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.

1 Total pages Schedule F4: Sch: 16/21 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$32.74	(b) Date of Charge 01/24/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
7 PAYEE	(a) Payee name Lyft		(b) Payee address; City, State, Zip Code 548 Market St San Francisco, CA 94104-5401
8 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 ride share
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$70.47	(b) Date of Charge 01/27/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
PAYEE	(a) Payee name Lyft		(b) Payee address; City, State, Zip Code 548 Market St San Francisco, CA 94104-5401
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 ride share
(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		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$64.94	(b) Date of Charge 01/01/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
PAYEE	(a) Payee name Adobe Systems Inc.		(b) Payee address; City, State, Zip Code 345 Park Ave San Jose, CA 95110-2704
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			
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.

1 Total pages Schedule F4: Sch: 17/21 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$69.29	(b) Date of Charge 01/07/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
7 PAYEE	(a) Payee name DocuSign		(b) Payee address; City, State, Zip Code 303 W 15th St Austin, TX 78701-1622
8 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		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$171.64	(b) Date of Charge 01/24/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
PAYEE	(a) Payee name Boardable		(b) Payee address; City, State, Zip Code 6219 Guilford Ave Indianapolis, IN 46220-3090
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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$143.80	(b) Date of Charge 01/29/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
PAYEE	(a) Payee name Asana		(b) Payee address; City, State, Zip Code 1550 Bryant St Ste 200 San Francisco, CA 94103-4853
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		
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.

1 Total pages Schedule F4: Sch: 18/21 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$64.94	(b) Date of Charge 02/01/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
7 PAYEE	(a) Payee name Adobe Systems Inc.		(b) Payee address; City, State, Zip Code 345 Park Ave San Jose, CA 95110-2704
8 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		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$69.29	(b) Date of Charge 02/07/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
PAYEE	(a) Payee name DocuSign		(b) Payee address; City, State, Zip Code 303 W 15th St Austin, TX 78701-1622
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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$171.64	(b) Date of Charge 02/25/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025
PAYEE	(a) Payee name Boardable		(b) Payee address; City, State, Zip Code 6219 Guilford Ave Indianapolis, IN 46220-3090
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		
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.

1 Total pages Schedule F4: Sch: 19/21 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$64.94	(b) Date of Charge 03/01/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025
7 PAYEE	(a) Payee name Adobe Systems Inc.		(b) Payee address; City, State, Zip Code 345 Park Ave San Jose, CA 95110-2704
8 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			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$143.80	(b) Date of Charge 03/01/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025
PAYEE	(a) Payee name Asana		(b) Payee address; City, State, Zip Code 1550 Bryant St Ste 200 San Francisco, CA 94103-4853
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			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$69.29	(b) Date of Charge 03/07/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025
PAYEE	(a) Payee name DocuSign		(b) Payee address; City, State, Zip Code 303 W 15th St Austin, TX 78701-1622
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			
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.

1 Total pages Schedule F4: Sch: 20/21 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$309.53	(b) Date of Charge 01/09/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
7 PAYEE	(a) Payee name Palms Place Hotel		(b) Payee address; City, State, Zip Code 4381 W Flamingo Rd Las Vegas, NV 89103-3903
8 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 Staff lodging
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$460.32	(b) Date of Charge 01/25/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
PAYEE	(a) Payee name Palms Place Hotel		(b) Payee address; City, State, Zip Code 4381 W Flamingo Rd Las Vegas, NV 89103-3903
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 Staff 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$662.35	(b) Date of Charge 01/04/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025
PAYEE	(a) Payee name Taskforce		(b) Payee address; City, State, Zip Code 1050 Connecticut Ave NW Ste 65500 Washington, DC 20036-5303
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 Staff training and development
(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.

1 Total pages Schedule F4: Sch: 21/21 Rpt:		2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 338.33	
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$199.00	(b) Date of Charge 01/12/2025	(c) Date(s) Credit Card Issuer Paid 02/11/2025	
7 PAYEE		(a) Payee name CubeSmart		(b) Payee address; City, State, Zip Code 1411 W 5th St Austin, TX 78703-5103	
8 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$241.13	(b) Date of Charge 02/26/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025	
PAYEE		(a) Payee name CubeSmart		(b) Payee address; City, State, Zip Code 1411 W 5th St Austin, TX 78703-5103	
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$199.00	(b) Date of Charge 03/12/2025	(c) Date(s) Credit Card Issuer Paid 04/03/2025	
PAYEE		(a) Payee name CubeSmart		(b) Payee address; City, State, Zip Code 1411 W 5th St Austin, TX 78703-5103	
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	