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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	
1. Candidates (Gentify 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.) B. Opposed 3. Officeholders Assisted Gentify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted Gentify by name or, if applicable, classify by party.) 5. CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) S. CONTRIBUTIOR 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD CONTRIBUTION BALANCE 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1. Swear, or affirm, under penalty of perjury, that the accompanying report true and correct and includes all information required to be reported by not the accompanying report true and correct and includes all information required to be reported by not the accompanying report true and correct and includes all information required to be reported by not the accompanying report true and correct and includes all information required to be reported by not the accompanying report true and correct and includes all information required to be reported by not the accompanying report true and correct and includes all information required to be reported by not the accompanying report true and correct and includes all information required to be reported by not the province of the pro	Filers)
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Identify by name or, if applicable classify by party.) B. Opposed 3. Officeholders Assisted Identify by name or, if applicable classify by party.) 5. CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) S. CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD CONTRIBUTION BALANCE 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1. Swear, or affirm, under penalty of perjury, that the accompanying report true and correct and includes all information required to be reported by near the proper of the proper of the period of the period of the period of the period by near the proper of the period	
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I swear, or affirm, under penalty of perjury, that the accompanying report true and correct and includes all information required to be reported by n	0.00
true and correct and includes all information required to be reported by n	
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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	1MITTE ie's Lis	EE NAME st	18 Filer ID 00053715	(Ethics	Commission Filers)
19 SCH NAM	EDULE	SI	JBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	24,046.36
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	55,960.31
11.	х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	1,400.00
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	15,638.54
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
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	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	rm.	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	 Full name of contributor)	7	Amount of Contribution (\$) \$5,000.00
		Boston, MA 02114-4212			
8	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 01/05/2025	Full name of contributor out-of-state PAC (ID#:Aden, Marilyn Contributor address; City; State; Zip Code New Braunfels, TX 78130-7960)		Amount of Contribution (\$) \$15.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 02/05/2025	Full name of contributor out-of-state PAC (ID#:Aden, Marilyn Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$15.00
		New Braunfels, TX 78130-7960			
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:Aden, Marilyn Contributor address; City; State; Zip Code New Braunfels, TX 78130-7960)		Amount of Contribution (\$) \$15.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 04/05/2025	Full name of contributor out-of-state PAC (ID#:Aden, Marilyn Contributor address; City; State; Zip Code New Braunfels, TX 78130-7960			Amount of Contribution (\$) \$15.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)	
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/88 Rpt: 5/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	Filers)
4	Date 01/28/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$40.00
_		Austin, TX 78703-4157				
8	Not employe	· · · · · · · · · · · · · · · · · · ·	9 Employer (See Instructions	5)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:Alexander, Stacy Contributor address; City; State; Zip Code Austin, TX 78703-4157			Amount of Contribution (\$)	\$40.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not employe	d				
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#: Alexander, Stacy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
		Austin, TX 78703-4157				
	Principal occu Not employe	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 02/21/2025	Full name of contributor out-of-state PAC (ID#:_Allyn, Tammy Contributor address; City; State; Zip Code Houston, TX 77077-6501)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/30/2025	Full name of contributor out-of-state PAC (ID#:_Anderson, Sarah Contributor address; City; State; Zip Code Frisco, TX 75036-0166			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions) t Coordinator	Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/88 Rpt: 6/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 02/28/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_	Discipal	Frisco, TX 75036-0166	O Frankrije (Ozakasta stira			
8		pation / Job title (See Instructions) at Coordinator	9 Employer (See Instructions)		
	Date 03/30/2025	Full name of contributor out-of-state PAC (ID#:_ Anderson, Sarah Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Frisco, TX 75036-0166 pation / Job title (See Instructions)	Employer (See Instructions)		
		at Coordinator				
	Date 01/14/2025	Full name of contributor out-of-state PAC (ID#:_ Anne Shearer, Merrell Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78757-4328				
	Principal occu Realtor	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/15/2025	Full name of contributor out-of-state PAC (ID#:_Ardington, Amy Contributor address; City; State; Zip Code Bellville, TX 77418-9659)		Amount of Contribution (\$)	\$9.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/22/2025	Full name of contributor out-of-state PAC (ID#:_Ardington, Amy Contributor address; City; State; Zip Code Bellville, TX 77418-9659			Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/88 Rpt: 7/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	Filers)
4	Date 01/14/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$5.00
_	Deignaignal annu	Austin, TX 78746-4613	O Frankrian (Can Instruction)			
8	Not employe		9 Employer (See Instructions))		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:_Ashworth, Susan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78746-4613 pation / Job title (See Instructions)	Employer (See Instructions))		
	Not employe	d				
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#: Ashworth, Susan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78746-4613				
	Principal occu Not employe	pation / Job title (See Instructions) d	Employer (See Instructions))		
	Date 04/14/2025	Full name of contributor out-of-state PAC (ID#:_Ashworth, Susan Contributor address; City; State; Zip Code Austin, TX 78746-4613			Amount of Contribution (\$)	\$5.00
	Principal occu Not employe	pation / Job title (See Instructions) d	Employer (See Instructions))		
	Date 01/18/2025	Full name of contributor out-of-state PAC (ID#:_ Babb, Ann Contributor address; City; State; Zip Code Oaklyn, NJ 08107-1922)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/88 Rpt: 8/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commissio 00053715	n Filers)
4	Date 02/18/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_	Daine in all a con-	Oaklyn, NJ 08107-1922	O Faralas as (O a da d			
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions)		
	Date 03/18/2025	Full name of contributor out-of-state PAC (ID#:_Babb, Ann Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Oaklyn, NJ 08107-1922 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe					
	Date 01/22/2025	Full name of contributor out-of-state PAC (ID#: Bagwell, Inelle Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Austin, TX 78723-5396				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 01/31/2025	Full name of contributor out-of-state PAC (ID#:_ Bagwell, Inelle Contributor address; City; State; Zip Code Austin, TX 78723-5396			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/30/2025	Full name of contributor out-of-state PAC (ID#:_Bailey, John Contributor address; City; State; Zip Code San Antonio, TX 78216-3520			Amount of Contribution (\$)	\$10.53
	Principal occu Non Profit P	pation / Job title (See Instructions) rofessional	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.		otal pages Schedule A1: sch: 6/88 Rpt: 9/131	
2	FILER NAME Annie's List				iler ID (Ethics Commission 0053715	Filers)
4	Date 02/28/2025	 Full name of contributor		7 A	mount of Contribution (\$)	\$10.53
		San Antonio, TX 78216-3520				
8	Principal occu Non Profit P	pation / Job title (See Instructions) rofessional	9 Employer (See Instructions)		
	Date 03/30/2025	Full name of contributor out-of-state PAC (ID#:_Bailey, John Contributor address; City; State; Zip Code San Antonio, TX 78216-3520		А	mount of Contribution (\$)	\$10.53
	Principal occu Non Profit P	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/19/2025	Full name of contributor out-of-state PAC (ID#:_ Banister, Simin Contributor address; City; State; Zip Code)	A	mount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX 77019-2509 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe					
	Date 02/19/2025	Full name of contributor out-of-state PAC (ID#:_Banister, Simin Contributor address; City; State; Zip Code)	A	mount of Contribution (\$)	\$50.00
		Houston, TX 77019-2509				
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/19/2025	Full name of contributor out-of-state PAC (ID#:_Banister, Simin Contributor address; City; State; Zip Code Houston, TX 77019-2509		А	mount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		
		pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/88 Rpt: 10/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	n Filers)
4	Date 04/19/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
		Houston, TX 77019-2509				
8	Principal occup Not Employe		9 Employer (See Instructions	s)		
	Date 01/28/2025	Full name of contributor out-of-state PAC (ID#: Bean, Nancy Cozette Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occur	Arlington, TX 76006-4003 pation / Job title (See Instructions)	Employer (See Instructions	·/		
	educator	valion / 300 title (See instructions)	Employer (See instructions)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#: Bean, Nancy Cozette Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Arlington, TX 76006-4003				
	Principal occup educator	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occup educator	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 01/06/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/88 Rpt: 11/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	n Filers)
4	Date 02/06/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_	Daine in all account	Austin, TX 78731-6200				
8	Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/06/2025	Full name of contributor out-of-state PAC (ID#:_ Beaver, Becky Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78731-6200 pation / Job title (See Instructions)	Employer (See Instructions)		
	Attorney	,				
	Date 04/06/2025	Full name of contributor out-of-state PAC (ID#:_ Beaver, Becky Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78731-6200				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2025	Full name of contributor out-of-state PAC (ID#:_ Beery, David Contributor address; City; State; Zip Code Spokane, WA 99206-6337)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/23/2025	Full name of contributor out-of-state PAC (ID#:_ Benavides, Melissa Contributor address; City; State; Zip Code San Antonio, TX 78209-5271			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/88 Rpt: 12/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 02/23/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
8	Dringinal occu	San Antonio, TX 78209-5271 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Physician Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/23/2025	Full name of contributor out-of-state PAC (ID#:_ Benavides, Melissa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	San Antonio, TX 78209-5271 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	,		
	Date 04/23/2025	Full name of contributor out-of-state PAC (ID#:_ Benavides, Melissa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78209-5271				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/21/2025	Full name of contributor out-of-state PAC (ID#:_ Bergman, Eldo Contributor address; City; State; Zip Code Houston, TX 77035-3416)		Amount of Contribution (\$)	\$10.00
	Principal occurretired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/25/2025	Full name of contributor out-of-state PAC (ID#:_ Bird, David Contributor address; City; State; Zip Code Edgerton, WI 53534-9383)		Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/88 Rpt: 13/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 01/24/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$20.00
_	Dringing! goog	Austin, TX 78757-8134	• Employer (Coo Instructions			
8	Not Employe		9 Employer (See Instructions	·)		
	Date 02/24/2025	Full name of contributor out-of-state PAC (ID#:_Blau, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78757-8134 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe	ed				
	Date 03/24/2025	Full name of contributor)		Amount of Contribution (\$)	\$20.00
		Austin, TX 78757-8134				
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/08/2025	Full name of contributor)		Amount of Contribution (\$)	\$5.00
	Principal occu Writer/tutor	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/08/2025	Full name of contributor out-of-state PAC (ID#:_ Bonifield, Alexandra Contributor address; City; State; Zip Code Dallas, TX 75214			Amount of Contribution (\$)	\$5.00
	Principal occu Writer/tutor	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/88 Rpt: 14/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commissio 00053715	n Filers)
4	Date 04/08/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_		Dallas, TX 75214				
8	Principal occu Writer/tutor	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 01/12/2025	Full name of contributor out-of-state PAC (ID#:_ Braunagel-Brown, Mary A. (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu	Austin, TX 78736-3319 pation / Job title (See Instructions)	Employer (See Instructions)		
	Retired	, , , , , , , , , , , , , , , , , , , ,				
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID#:_ Braunagel-Brown, Mary A. (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
		Austin, TX 78736-3319				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/12/2025	Full name of contributor out-of-state PAC (ID#:_ Braunagel-Brown, Mary A. (Dr.) Contributor address; City; State; Zip Code Austin, TX 78736-3319			Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/12/2025	Full name of contributor out-of-state PAC (ID#:_ Braunagel-Brown, Mary A. (Dr.) Contributor address; City; State; Zip Code Austin, TX 78736-3319			Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/88 Rpt: 15/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	n Filers)
4	Date 01/31/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$15.00
_		APO, AE 09128-1014				
8	Principal occu Author	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Brewer, Angela Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Dringing aggr	Denton, TX 76207-1288	Employer (Coo Instructions			
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/17/2025	Full name of contributor out-of-state PAC (ID#:_ Brewer, Angela Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Denton, TX 76207-1288				
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/17/2025	Full name of contributor out-of-state PAC (ID#:_ Brewer, Angela Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Denton, TX 76207-1288 pation / Job title (See Instructions)	Employer (See Instructions)		
	Professor	,		,		
	Date 04/17/2025	Full name of contributor out-of-state PAC (ID#:_ Brewer, Angela Contributor address; City; State; Zip Code Denton, TX 76207-1288)		Amount of Contribution (\$)	\$10.00
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/88 Rpt: 16/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	n Filers)
4	Date 01/30/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_	Dringing Lago	Austin, TX 78702-4587	O Franks var (Cas Instructions			
8	Consultant	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/28/2025	Full name of contributor			Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78702-4587 pation / Job title (See Instructions)	Employer (See Instructions)		
	Consultant	pation / cos title (ese metastione)	Employer (God morradione)	,		
	Date 03/30/2025	Full name of contributor out-of-state PAC (ID#:_ Brooks, Royce Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78702-4587				
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/03/2025	Full name of contributor out-of-state PAC (ID#:_ Busfield, Pamela Contributor address; City; State; Zip Code Denton, TX 76210-1521)		Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/03/2025	Full name of contributor out-of-state PAC (ID#:_ Busfield, Pamela Contributor address; City; State; Zip Code Denton, TX 76210-1521)		Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		
		•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/88 Rpt: 17/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 03/25/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_	Deinsinal assu	Bristol, VA 24202-4449	O Franklause (Coo la structiona)			
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions))		
	Date 01/04/2025	Full name of contributor out-of-state PAC (ID#:_ Campbell, Elizabeth J Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Big Spring, TX 79721-0509 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe		Employor (Goo moadoacho,	,		
	Date 02/04/2025	Full name of contributor out-of-state PAC (ID#:_ Campbell, Elizabeth J Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Big Spring, TX 79721-0509				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 03/04/2025	Full name of contributor out-of-state PAC (ID#:_ Campbell, Elizabeth J Contributor address; City; State; Zip Code Big Spring, TX 79721-0509			Amount of Contribution (\$)	\$3.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 04/04/2025	Full name of contributor out-of-state PAC (ID#:_ Campbell, Elizabeth J Contributor address; City; State; Zip Code Big Spring, TX 79721-0509)		Amount of Contribution (\$)	\$3.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Sc Sch: 15/88 Rp		
2	FILER NAME Annie's List			3 Filer ID (Ethic 00053715	cs Commission Filers)	
4	Date 01/23/2025	 Full name of contributor		7 Amount of Con	tribution (\$) \$25.0)0
_		Castelnaud la Chapelle, VA 24250				
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions)	5)		
	Date 03/19/2025	Full name of contributor out-of-state PAC (ID#:_ Cato, Mary Contributor address; City; State; Zip Code)	Amount of Con	tribution (\$) \$5.0)0
	Principal occu	Arlington, TX 76012-3033 pation / Job title (See Instructions)	Employer (See Instructions	5)		_
	Not Employe		Employor (Goo moadoacho,	-,		
	Date 01/15/2025	Full name of contributor		Amount of Con	tribution (\$) \$5.0)0
		Dallas, TX 75235-1611				
	Principal occu Senior Direc	pation / Job title (See Instructions) tor	Employer (See Instructions)	5)		
	Date 02/15/2025	Full name of contributor out-of-state PAC (ID#:_ Chaussee, John Contributor address; City; State; Zip Code Dallas, TX 75235-1611		Amount of Con	tribution (\$) \$5.0)0
	Principal occu Senior Direc	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> s)		
	Date 03/15/2025	Full name of contributor out-of-state PAC (ID#:_ Chaussee, John Contributor address; City; State; Zip Code Dallas, TX 75235-1611)	Amount of Con	tribution (\$) \$5.0	 00
	Principal occu Senior Direc	pation / Job title (See Instructions) tor	Employer (See Instructions)	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/88 Rpt: 19/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commissio 00053715	n Filers)
4	Date 04/15/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_	Deignaignal annu	Dallas, TX 75235-1611	O Francisco (Con Instructions			
8	Senior Direc		9 Employer (See Instructions)		
	Date 01/21/2025	Full name of contributor out-of-state PAC (ID#:_ Chevalier, Joi Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78757-2345 pation / Job title (See Instructions)	Employer (See Instructions)		
	President	pation / coo title (coo monaction)	Employer (God morradione	,		
	Date 02/21/2025	Full name of contributor out-of-state PAC (ID#: Chevalier, Joi Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78757-2345				
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/21/2025	Full name of contributor out-of-state PAC (ID#:_ Chevalier, Joi Contributor address; City; State; Zip Code Austin, TX 78757-2345)		Amount of Contribution (\$)	\$100.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/21/2025	Full name of contributor out-of-state PAC (ID#:_ Chevalier, Joi Contributor address; City; State; Zip Code Austin, TX 78757-2345)		Amount of Contribution (\$)	\$100.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/88 Rpt: 20/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	Filers)
4	Date 01/29/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
8	Dringing ogg	Portland, OR 97231-2600 pation / Job title (See Instructions)	Employer (See Instructions)			
<u> </u>	Not Employe		9 Employer (See Instructions))		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Chiarito, Bebe Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Portland, OR 97231-2600 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe			,		
	Date 03/29/2025	Full name of contributor out-of-state PAC (ID#:_ Chiarito, Bebe Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Portland, OR 97231-2600				
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/21/2025	Full name of contributor out-of-state PAC (ID#:_ Christgau, Robert Contributor address; City; State; Zip Code New York, NY 10003-5741)		Amount of Contribution (\$)	\$25.00
	Principal occu Journalist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/20/2025	Full name of contributor out-of-state PAC (ID#:_Christian, Ann Contributor address; City; State; Zip Code Fort Worth, TX 76109-2049)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) demic Language Therapist	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 18/88 Rpt: 21/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	Filers)
4	Date 02/20/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
		Fort Worth, TX 76109-2049				
8		pation / Job title (See Instructions) demic Language Therapist	9 Employer (See Instructions)		
	Date 03/20/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Fort Worth, TX 76109-2049 pation / Job title (See Instructions)	Employer (See Instructions)		
	•	demic Language Therapist	Employer (dee mandenona	,		
	Date 04/20/2025	Full name of contributor out-of-state PAC (ID#: Christian, Ann Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Fort Worth, TX 76109-2049				
		pation / Job title (See Instructions) demic Language Therapist	Employer (See Instructions)		
	Date 01/26/2025	Full name of contributor out-of-state PAC (ID#:Clark, Melinda Contributor address; City; State; Zip Code Houston, TX 77227-2337			Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/26/2025	Full name of contributor out-of-state PAC (ID#: Clark, Melinda Contributor address; City; State; Zip Code Houston, TX 77227-2337			Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/88 Rpt: 22/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	n Filers)
4	Date 03/26/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_		Houston, TX 77227-2337				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 01/14/2025	Full name of contributor out-of-state PAC (ID#:_Clark, Roger Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Bellingham, WA 98225-6213 pation / Job title (See Instructions)	Employer (See Instructions			
	Not Employe		Employer (See manuchons	,		
	Date 02/08/2025	Full name of contributor out-of-state PAC (ID#:_ Contardo, Nicolina Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Hamilton Square, NJ 08690-3525				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 02/21/2025	Full name of contributor out-of-state PAC (ID#:_ Contardo, Nicolina Contributor address; City; State; Zip Code Hamilton Square, NJ 08690-3525			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/09/2025	Full name of contributor out-of-state PAC (ID#:_ Cordell, Andrew Contributor address; City; State; Zip Code Fort Worth, TX 76133-4804)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 20/88 Rpt: 23/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	n Filers)
4	Date 01/05/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
		Portland, OR 97201-3371				
8	•	pation / Job title (See Instructions) rtic Reporting Specialist	9 Employer (See Instructions	i)		
	Date 02/05/2025	Full name of contributor out-of-state PAC (ID#: Craig, Leilani Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Portland, OR 97201-3371 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> :)		
	•	rtic Reporting Specialist	, , ,	,		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#: Craig, Leilani Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Portland, OR 97201-3371				
	•	pation / Job title (See Instructions) vtic Reporting Specialist	Employer (See Instructions	i)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:Cuellar, DeAnne Contributor address; City; State; Zip Code San Antonio, TX 78212-1542)		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) rector for Outreach	Employer (See Instructions	5)		
	Date 02/03/2025	Full name of contributor out-of-state PAC (ID#: Cuellar, DeAnne Contributor address; City; State; Zip Code San Antonio, TX 78212-1542)		Amount of Contribution (\$)	\$100.00
	•	poation / Job title (See Instructions) rector for Outreach	Employer (See Instructions	i)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/88 Rpt: 24/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commissio 00053715	n Filers)
4	Date 03/03/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_	Dringing! goog	San Antonio, TX 78212-1542	D. Employer (See Instructions			
8		pation / Job title (See Instructions) rector for Outreach	9 Employer (See Instructions))		
	Date 04/03/2025	Full name of contributor out-of-state PAC (ID#:_ Cuellar, DeAnne Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	San Antonio, TX 78212-1542 pation / Job title (See Instructions)	Employer (See Instructions			
		rector for Outreach	Employer (See instructions	,		
	Date 01/11/2025	Full name of contributor out-of-state PAC (ID#: Daniels, Nancy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78217-4025				
	Principal occu Nurse practi	pation / Job title (See Instructions) tioner	Employer (See Instructions)		
	Date 02/11/2025	Full name of contributor out-of-state PAC (ID#:_ Daniels, Nancy Contributor address; City; State; Zip Code San Antonio, TX 78217-4025)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse practi	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/11/2025	Full name of contributor out-of-state PAC (ID#: Daniels, Nancy)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse practi	pation / Job title (See Instructions) tioner	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 22/88 Rpt: 25/131	
2	FILER NAME Annie's List				Filer ID (Ethics Commission 00053715	n Filers)
4	Date 04/11/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
•	Dringing oggu	San Antonio, TX 78217-4025	Employer (See Instructions)	`		
8	Nurse practi		9 Employer (See Instructions))		
	Date 01/23/2025	Full name of contributor out-of-state PAC (ID#:_ DeCoux, Beverlee Contributor address; City; State; Zip Code		,	Amount of Contribution (\$)	\$40.00
	Principal occu	Alamo, TX 78516-2604 pation / Job title (See Instructions)	Employer (See Instructions))		
	Not Employe	d				
	Date 02/23/2025	Full name of contributor out-of-state PAC (ID#:_ DeCoux, Beverlee Contributor address; City; State; Zip Code)	,	Amount of Contribution (\$)	\$40.00
		Alamo, TX 78516-2604				
	Principal occu Not Employe	pation / Job title (See Instructions) d	Employer (See Instructions))		
	Date 03/23/2025	Full name of contributor out-of-state PAC (ID#:_ DeCoux, Beverlee Contributor address; City; State; Zip Code Alamo, TX 78516-2604		,	Amount of Contribution (\$)	\$40.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 04/23/2025	Full name of contributor out-of-state PAC (ID#:_ DeCoux, Beverlee Contributor address; City; State; Zip Code Alamo, TX 78516-2604)	,	Amount of Contribution (\$)	\$40.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions))		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/88 Rpt: 26/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 01/19/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_	Drivainal	Austin, TX 78751-3009	O Franks voy (Cook know options			
8	Principal occu Professor	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 01/13/2025	Full name of contributor)		Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78703-5097 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe	ed				
	Date 02/13/2025	Full name of contributor out-of-state PAC (ID#: Dell, Marci Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Austin, TX 78703-5097				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 03/13/2025	Full name of contributor out-of-state PAC (ID#:_ Dell, Marci Contributor address; City; State; Zip Code Austin, TX 78703-5097			Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/13/2025	Full name of contributor out-of-state PAC (ID#:_ Dell, Marci Contributor address; City; State; Zip Code Austin, TX 78703-5097			Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 24/88 Rpt: 27/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	n Filers)
4	Date 01/14/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_		Texas City, TX 77591-7000				
8	Principal occu Marketing	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:_ Dibrell, Lauri Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Texas City, TX 77591-7000 pation / Job title (See Instructions)	Employer (See Instructions			
	Marketing Marketing	pation / 300 title (See Instructions)	Employer (See Instructions	')		
	Date 03/14/2025	Full name of contributor)		Amount of Contribution (\$)	\$5.00
		Texas City, TX 77591-7000				
	Principal occu Marketing	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 04/14/2025	Full name of contributor out-of-state PAC (ID#:_ Dibrell, Lauri Contributor address; City; State; Zip Code Texas City, TX 77591-7000			Amount of Contribution (\$)	\$5.00
	Principal occu Marketing	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 03/14/2025	Full name of contributor 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 occu Not employe	pation / Job title (See Instructions)	Employer (See Instructions)		
		•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 25/88 Rpt: 28/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	n Filers)
4	Date 01/22/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_	<u> </u>	Austin, TX 78759-8025				
8	Principal occu Professor	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/22/2025	Full name of contributor out-of-state PAC (ID#:_ Dudley, Jaquelin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78759-8025 pation / Job title (See Instructions)	Employer (See Instructions)		
	Professor	pation / cos title (cos monastions)	Employer (God morradione)	,		
	Date 03/22/2025	Full name of contributor out-of-state PAC (ID#: Dudley, Jaquelin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78759-8025				
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/22/2025	Full name of contributor out-of-state PAC (ID#:_ Dudley, Jaquelin Contributor address; City; State; Zip Code Austin, TX 78759-8025			Amount of Contribution (\$)	\$100.00
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/02/2025	Full name of contributor out-of-state PAC (ID#:_ Elliott-Smart, Patricia Contributor address; City; State; Zip Code Abilene, TX 79605-4916)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/88 Rpt: 29/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	Filers)
4	Date 02/02/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
8	Dringinal occu	Abilene, TX 79605-4916 pation / Job title (See Instructions)	9 Employer (See Instructions			
<u> </u>	Not Employe		9 Employer (See Instructions)	')		
	Date 03/02/2025	Full name of contributor out-of-state PAC (ID#:_Elliott-Smart, Patricia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Abilene, TX 79605-4916 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe			,		
	Date 04/02/2025	Full name of contributor)		Amount of Contribution (\$)	\$5.00
		Abilene, TX 79605-4916				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions	i)		
	Date 01/13/2025	Full name of contributor out-of-state PAC (ID#:_ Erickson, Quincy Contributor address; City; State; Zip Code Austin, TX 78703-5147)		Amount of Contribution (\$)	\$25.00
	Principal occu Chef	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/13/2025	Full name of contributor out-of-state PAC (ID#:_ Erickson, Quincy Contributor address; City; State; Zip Code Austin, TX 78703-5147			Amount of Contribution (\$)	\$25.00
	Principal occu Chef	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 27/88 Rpt: 30/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 03/13/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	<u> </u>	Austin, TX 78703-5147				
8	Chef	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 04/13/2025	Full name of contributor out-of-state PAC (ID#:_ Erickson, Quincy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78703-5147 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Chef	pation / oob title (oce motivations)	Employer (See manuchons	,		
	Date 01/21/2025	Full name of contributor out-of-state PAC (ID#: Escobar, Analysse Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Washington, DC 20002-7373				
	Principal occu White house	pation / Job title (See Instructions) liaison	Employer (See Instructions)		
	Date 02/21/2025	Full name of contributor out-of-state PAC (ID#:_ Escobar, Analysse Contributor address; City; State; Zip Code Washington, DC 20002-7373)		Amount of Contribution (\$)	\$10.00
	Principal occu White house	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/21/2025	Full name of contributor out-of-state PAC (ID#:_ Escobar, Analysse Contributor address; City; State; Zip Code Washington, DC 20002-7373)		Amount of Contribution (\$)	\$10.00
	Principal occu White house	pation / Job title (See Instructions) liaison	Employer (See Instructions)		
		•				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/88 Rpt: 31/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 04/21/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_	Deignaignal annu	Washington, DC 20002-7373	O Frankrija var (Cara krastina va			
8	White house	pation / Job title (See Instructions) liaison	9 Employer (See Instructions))		
	Date 02/08/2025	Full name of contributor out-of-state PAC (ID#:_ Estabrook, Helen Contributor address; City; State; Zip Code Houston, TX 77019-3540)		Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe					
	Date 04/23/2025	Full name of contributor out-of-state PAC (ID#:_ Etheridge, Cecilia Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
		San Antonio, TX 78213-1156				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions))		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:_Fasken, Andy Contributor address; City; State; Zip Code Paris, TX 75462)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 02/09/2025	Full name of contributor out-of-state PAC (ID#:_ Fasken, Andy Contributor address; City; State; Zip Code Paris, TX 75462			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions))		

San Antonio, TX 78209-3702 8 Principal occupation / Job title (See Instructions) Organizational Development Consultant Date San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Organizational Development Consultant Date San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Organizational Development Consultant Date San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Organizational Development Consultant Date San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Organizational Development Consultant Date San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Organizational Development Consultant Date San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Organizational Development Consultant Date San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Drain San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Contributor address; City, State, Zip Code San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Contributor address; City, State, Zip Code San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Contributor address; City, State, Zip Code San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Contributor address; City, State, Zip Code San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Contributor address; City, State, Zip Code San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Contributor address; City, State, Zip Code San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Contributor address; City, State, Zip Code San Antonio, TX 78209-3702 Employer (See Instructions) Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contributi	MONE	TARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
Annie's List 4 Date 01/18/205 5 Full name of contributior	The Instru	uction Guide explains how to complete this fo	orm.	1		
Site				3		n Filers)
Principal occupation / Job title (See Instructions) Organizational Development Consultant Date		Flanagan, Mary		7	Amount of Contribution (\$)	\$100.00
Organizational Development Consultant Date						
O2/18/2025 Flanagan, Mary Contributor address; City; State; Zip Code San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Organizational Development Consultant Date O3/18/2025 Flanagan, Mary Flanagan, Mary Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Organizational Development Consultant Employer (See Instructions) Organizational Development Consultant Date O4/18/2025 Flanagan, Mary Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Organizational Development Consultant Date O4/18/2025 Flanagan, Mary Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Organizational Development Consultant Date San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Organizational Development Consultant Date Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) O1/19/2025 Fossler, Kerry Contributor address; City; State; Zip Code Bastrop, TX 78602-2135			9 Employer (See Instructions	s)		
Principal occupation / Job title (See Instructions) Organizational Development Consultant Date		Flanagan, Mary			Amount of Contribution (\$)	\$100.00
Date Full name of contributor out-of-state PAC (ID#:	Deignigal	<u> </u>	Franksian (Coo Instructions	_		
O3/18/2025 Flanagan, Mary \$10 Contributor address; City; State; Zip Code San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Organizational Development Consultant Date Full name of contributor out-of-state PAC (ID#:			Employer (See Instructions	5)		
Principal occupation / Job title (See Instructions) Organizational Development Consultant Date 04/18/2025 Flanagan, Mary Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Organizational Development Consultant Employer (See Instructions) San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Organizational Development Consultant Date 01/19/2025 Fossler, Kerry Contributor address; City; State; Zip Code Bastrop, TX 78602-2135		Flanagan, Mary			Amount of Contribution (\$)	\$100.00
Organizational Development Consultant Date Full name of contributor out-of-state PAC (ID#:		San Antonio, TX 78209-3702				
O4/18/2025 Flanagan, Mary Contributor address; City; State; Zip Code San Antonio, TX 78209-3702 Principal occupation / Job title (See Instructions) Organizational Development Consultant Date O1/19/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Fossler, Kerry Contributor address; City; State; Zip Code Bastrop, TX 78602-2135	•	, ,	Employer (See Instructions	5)		
Organizational Development Consultant Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Fossler, Kerry Contributor address; City; State; Zip Code Bastrop, TX 78602-2135		Flanagan, Mary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
01/19/2025 Fossler, Kerry Contributor address; City; State; Zip Code Bastrop, TX 78602-2135	•	, ,	Employer (See Instructions	<u>(</u>		
		Fossler, Kerry Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
Real Estate Agent		cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/88 Rpt: 33/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 02/19/2025	5 Full name of contributor out-of-state PAC (ID#:_ Fossler, Kerry 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_	Dringing Logg	Bastrop, TX 78602-2135	O Employer (Con Instructions			
8	Real Estate	pation / Job title (See Instructions) Agent	9 Employer (See Instructions))		
	Date 03/19/2025	Full name of contributor)		Amount of Contribution (\$)	\$10.00
	Principal occu	Bastrop, TX 78602-2135 upation / Job title (See Instructions)	Employer (See Instructions)		
	Real Estate	Agent				
	Date 04/19/2025	Full name of contributor out-of-state PAC (ID#:_ Fossler, Kerry Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Bastrop, TX 78602-2135				
	Principal occu Real Estate	pation / Job title (See Instructions) Agent	Employer (See Instructions)		
	Date 01/16/2025	Full name of contributor out-of-state PAC (ID#:_Fowler, Michael Contributor address; City; State; Zip Code Chicago, IL 60637-3812			Amount of Contribution (\$)	\$50.00
	Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/16/2025	Full name of contributor out-of-state PAC (ID#:_Fowler, Michael Contributor address; City; State; Zip Code Chicago, IL 60637-3812			Amount of Contribution (\$)	\$50.00
	Principal occu Manager	ipation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/88 Rpt: 34/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 03/16/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
_	Deinsinal	Chicago, IL 60637-3812				
8	Manager	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 04/16/2025	Full name of contributor out-of-state PAC (ID#:_Fowler, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Chicago, IL 60637-3812				
	Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/02/2025	Full name of contributor out-of-state PAC (ID#:_ Fowles, Nicole Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Helotes, TX 78023-4168				
	Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/02/2025	Full name of contributor out-of-state PAC (ID#:_Fowles, Nicole Contributor address; City; State; Zip Code Helotes, TX 78023-4168			Amount of Contribution (\$)	\$25.00
	Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/02/2025	Full name of contributor out-of-state PAC (ID#:_Fowles, Nicole Contributor address; City; State; Zip Code Helotes, TX 78023-4168)		Amount of Contribution (\$)	\$25.00
	Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/88 Rpt: 35/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commissio 00053715	n Filers)
4	Date 04/02/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	Dringing Logg	Helotes, TX 78023-4168	D. Employer (See Instructions			
8	Manager	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/11/2025	Full name of contributor)		Amount of Contribution (\$)	\$103.45
	Principal occu	Houston, TX 77055-1671 pation / Job title (See Instructions)	Employer (See Instructions)		
	SVP/Market			,		
	Date 01/28/2025	Full name of contributor out-of-state PAC (ID#:_ Freer, Jill Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$23.00
		Fort Worth, TX 76107-2236				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Freer, Jill Contributor address; City; State; Zip Code Fort Worth, TX 76107-2236)		Amount of Contribution (\$)	\$23.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Freer, Jill Contributor address; City; State; Zip Code Fort Worth, TX 76107-2236			Amount of Contribution (\$)	\$23.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 33/88 Rpt: 36/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	n Filers)
4	Date 01/31/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_	Dringing Lagor	Austin, TX 78731-5206	O Familiary (Con Instructions			
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Furlong, Alexandra Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78731-5206 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe	ed				
	Date 03/31/2025	Full name of contributor)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78731-5206				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Garber, Martha Contributor address; City; State; Zip Code Coppell, TX 75019-5820)		Amount of Contribution (\$)	\$15.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/17/2025	Full name of contributor out-of-state PAC (ID#:_ Garber, Martha Contributor address; City; State; Zip Code Coppell, TX 75019-5820)		Amount of Contribution (\$)	\$15.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 34/88 Rpt: 37/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	n Filers)
4	Date 03/17/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$15.00
_	Dringing Logg	Coppell, TX 75019-5820	O Employer (Con Instructions			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 04/17/2025	Full name of contributor out-of-state PAC (ID#:_ Garber, Martha Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
	Principal occu	Coppell, TX 75019-5820 pation / Job title (See Instructions)	Employer (See Instructions)		
	Retired					
	Date 01/31/2025	Full name of contributor out-of-state PAC (ID#:_ Garcia, Danna Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.50
		Amarillo, TX 79110-1635				
	Principal occu Donor Servio	pation / Job title (See Instructions) ces	Employer (See Instructions)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Garcia, Danna Contributor address; City; State; Zip Code Amarillo, TX 79110-1635)		Amount of Contribution (\$)	\$2.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/31/2025	Full name of contributor out-of-state PAC (ID#:_ Garcia, Danna Contributor address; City; State; Zip Code Amarillo, TX 79110-1635)		Amount of Contribution (\$)	\$2.50
	Principal occu Donor Service	pation / Job title (See Instructions) ces	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 35/88 Rpt: 38/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 01/24/2025	 Full name of contributor out-of-state PAC (ID#:_Gaynor, Yvette Houlihan Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Dringinal occu	Houston, TX 77024-2704 pation / Job title (See Instructions)	9 Employer (See Instructions			
<u> </u>	Not Employe		S Employer (See Instructions)		
	Date 02/24/2025	Full name of contributor			Amount of Contribution (\$)	\$25.00
	Principal occu	Houston, TX 77024-2704 pation / Job title (See Instructions)	Employer (See Instructions			
	Not Employe		Employer (See Instructions	,		
	Date 03/24/2025	Full name of contributor out-of-state PAC (ID#:_ Gaynor, Yvette Houlihan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Houston, TX 77024-2704				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:_ Gentry, Karen Contributor address; City; State; Zip Code Austin, TX 78703-1962)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/09/2025	Full name of contributor out-of-state PAC (ID#:_ Gentry, Karen Contributor address; City; State; Zip Code Austin, TX 78703-1962)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 36/88 Rpt: 39/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	n Filers)
4	Date 03/09/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	Deignaignal annu	Austin, TX 78703-1962	O Francisco (Con Instructions			
8	Not Employe		9 Employer (See Instructions)		
	Date 04/09/2025	Full name of contributor out-of-state PAC (ID#:_ Gentry, Karen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78703-1962 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe	d				
	Date 01/16/2025	Full name of contributor)		Amount of Contribution (\$)	\$30.00
		Austin, TX 78702-2238				
	Principal occu Associate Di	pation / Job title (See Instructions) rector	Employer (See Instructions)		
	Date 01/14/2025	Full name of contributor out-of-state PAC (ID#:_Giles, AI Contributor address; City; State; Zip Code Austin, TX 78763-0360			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:_Giles, AI Contributor address; City; State; Zip Code Austin, TX 78763-0360)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	ı	Total pages Schedule A1: Sch: 37/88 Rpt: 40/131	
2	FILER NAME Annie's List			ı	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 03/14/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
_	Deinsinal	Austin, TX 78763-0360	2 Familian (Carlotte time)			
8	Not Employe	·	9 Employer (See Instructions	5)		
	Date 04/14/2025	Full name of contributor			Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78763-0360 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Not Employe			,		
	Date 01/05/2025	Full name of contributor)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78757-6811				
	Principal occu Lecturer	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/05/2025	Full name of contributor out-of-state PAC (ID#:_ Greenfield, Stuart J Contributor address; City; State; Zip Code Austin, TX 78757-6811			Amount of Contribution (\$)	\$10.00
	Principal occu Lecturer	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:_ Greenfield, Stuart J Contributor address; City; State; Zip Code Austin, TX 78757-6811)		Amount of Contribution (\$)	\$10.00
	Principal occu Lecturer	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 38/88 Rpt: 41/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	n Filers)
4	Date 04/05/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_	<u> </u>	Austin, TX 78757-6811				
8	Lecturer	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 01/18/2025	Full name of contributor out-of-state PAC (ID#:_ Greer, Andrea Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Houston, TX 77009-6629 pation / Job title (See Instructions)	Employer (See Instructions)		
	fundraising o	consultant				
	Date 02/18/2025	Full name of contributor out-of-state PAC (ID#:_ Greer, Andrea Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Houston, TX 77009-6629				
	Principal occu fundraising o	pation / Job title (See Instructions) consultant	Employer (See Instructions)		
	Date 03/18/2025	Full name of contributor out-of-state PAC (ID#:_ Greer, Andrea Contributor address; City; State; Zip Code Houston, TX 77009-6629)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/18/2025	Full name of contributor out-of-state PAC (ID#:_ Greer, Andrea)		Amount of Contribution (\$)	\$10.00
	Principal occu fundraising o	pation / Job title (See Instructions) consultant	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	€ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 39/88 Rpt: 42/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	Filers)
4	Date 03/01/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_	Deinsinal assu	Montclair, NJ 07042-2914	O Frankrija (Cas Instructions	_		
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions)		
	Date 03/19/2025	Full name of contributor out-of-state PAC (ID#:_ Grosso, Kenneth Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.36
	Dringing aggr	Montclair, NJ 07042-2914 pation / Job title (See Instructions)	Employer (See Instructions	_		
	Not Employe		Employer (See Instructions	')		
	Date 03/19/2025	Full name of contributor out-of-state PAC (ID#:_ Haley, Margo Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$35.00
		Georgetown, TX 78633-2189				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions	5)		
	Date 01/12/2025	Full name of contributor out-of-state PAC (ID#:_Hampton, Linda Contributor address; City; State; Zip Code Austin, TX 78759-3968)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions	<u> </u>		
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID#:_ Hampton, Linda Contributor address; City; State; Zip Code Austin, TX 78759-3968			Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 40/88 Rpt: 43/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	n Filers)
4	Date 03/12/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_	Discipal	Austin, TX 78759-3968				
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions)		
	Date 04/12/2025	Full name of contributor out-of-state PAC (ID#:_ Hampton, Linda Contributor address; City; State; Zip Code Austin, TX 78759-3968			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe	ed				
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:_ Hanks, Kendyl Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78704-3624				
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/09/2025	Full name of contributor out-of-state PAC (ID#:_ Hanks, Kendyl Contributor address; City; State; Zip Code Austin, TX 78704-3624			Amount of Contribution (\$)	\$25.00
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/09/2025	Full name of contributor out-of-state PAC (ID#:_ Hanks, Kendyl Contributor address; City; State; Zip Code Austin, TX 78704-3624			Amount of Contribution (\$)	\$25.00
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 41/88 Rpt: 44/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	n Filers)
4	Date 04/09/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_		Austin, TX 78704-3624				
8	Principal occu Lawyer	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 01/20/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$209.00
		pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Senior Client	and Project Manager				
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID#: Harper, Lis Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$209.00
		Houston, TX 77030-2028				
		oation / Job title (See Instructions) and Project Manager	Employer (See Instructions	5)		
	Date 03/20/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$209.00
	•	oation / Job title (See Instructions) and Project Manager	Employer (See Instructions	()		
	Date 04/20/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$209.00
		oation / Job title (See Instructions) and Project Manager	Employer (See Instructions	()		
		1				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE A1	
	The Instruc	ction Guide explains how to complete this fo	rm.	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	 Full name of contributor)	7	Amount of Contribution (\$) \$3,000.00)
		Houston, TX 77030-2028				
8		pation / Job title (See Instructions) and Project Manager	Employer (See Instructions)		
	Date 02/08/2025	Full name of contributor out-of-state PAC (ID#: Harris-Reynolds, Bonnie Contributor address; City; State; Zip Code College Station, TX 77840-2916			Amount of Contribution (\$) \$10.00	,
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		-
	Not Employe	d				
	Date 03/21/2025	Full name of contributor)		Amount of Contribution (\$) \$10.00)
		College Station, TX 77840-2916				
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		-
	Date 04/17/2025	Full name of contributor out-of-state PAC (ID#: Harris-Reynolds, Bonnie Contributor address; City; State; Zip Code College Station, TX 77840-2916)		Amount of Contribution (\$) \$10.00	-
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		_
	Date 03/03/2025	Full name of contributor out-of-state PAC (ID#: Harrison, Rev. Jody Contributor address; City; State; Zip Code Austin, TX 78748-3106)		Amount of Contribution (\$) \$20.85	=
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 43/88 Rpt: 46/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 04/03/2025	5 Full name of contributor out-of-state PAC (ID#:_ Harrison, Rev. Jody 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$20.85
_	Dringing Lagor	Austin, TX 78748-3106	O Franks var (Can Instruction			
8	Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 01/08/2025	Full name of contributor out-of-state PAC (ID#:_ Hernholm, Cameron Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75223-1124 Ipation / Job title (See Instructions) thropy Officer	Employer (See Instructions)		
	Date 02/08/2025	Full name of contributor out-of-state PAC (ID#:_ Hernholm, Cameron Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	5	Dallas, TX 75223-1124				
		upation / Job title (See Instructions) thropy Officer	Employer (See Instructions)		
	Date 01/22/2025	Full name of contributor out-of-state PAC (ID#:_ Higgins, Linda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Dringing age	Denton, TX 76209-1154	Employer (See Instructions			
	Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 01/14/2025	Full name of contributor out-of-state PAC (ID#:_ Hodges, Adam Contributor address; City; State; Zip Code Houston, TX 77006-4218			Amount of Contribution (\$)	\$45.00
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 44/88 Rpt: 47/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 02/14/2025	Full name of contributor)	7	Amount of Contribution (\$)	\$45.00
0	Dringing occu	Houston, TX 77006-4218 pation / Job title (See Instructions)	9 Employer /See Instructions			
8	Professor	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Hodges, Adam Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$45.00
	Principal occu	Houston, TX 77006-4218 pation / Job title (See Instructions)	Employer (See Instructions			
	Professor	pation 7 oob title (occ mondetions)	Employer (See manuchons			
	Date 04/14/2025	Full name of contributor out-of-state PAC (ID#:_ Hodges, Adam Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$45.00
		Houston, TX 77006-4218				
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/21/2025	Full name of contributor out-of-state PAC (ID#:_Holzer, Jean Contributor address; City; State; Zip Code Galveston, TX 77551-1745			Amount of Contribution (\$)	\$18.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/21/2025	Full name of contributor out-of-state PAC (ID#:_ Holzer, Jean Contributor address; City; State; Zip Code Galveston, TX 77551-1745)		Amount of Contribution (\$)	\$18.00
	Principal occu systems & d	pation / Job title (See Instructions) ata analyst	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 45/88 Rpt: 48/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 03/21/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$18.00
_	Deignaignal annu	Galveston, TX 77551-1745	O Familia va (Can Instruction)			
8	systems & d	pation / Job title (See Instructions) ata analyst	9 Employer (See Instructions))		
	Date 04/21/2025	Full name of contributor out-of-state PAC (ID#:_ Holzer, Jean Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$18.00
	Principal occu	Galveston, TX 77551-1745 pation / Job title (See Instructions)	Employer (See Instructions)		
	systems & d					
	Date 02/09/2025	Full name of contributor out-of-state PAC (ID#:_ Hovey, Krista Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Pasadena, TX 77505-3748				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions))		
	Date 02/21/2025	Full name of contributor out-of-state PAC (ID#:_ Hovey, Krista Contributor address; City; State; Zip Code Pasadena, TX 77505-3748)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/21/2025	Full name of contributor out-of-state PAC (ID#:_ Hovey, Krista			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 46/88 Rpt: 49/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 01/27/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$30.00
_	Dringing! goog	Houston, TX 77025-3663	O Employer (See Instructions			
8	Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/27/2025	Full name of contributor)		Amount of Contribution (\$)	\$30.00
	Principal occu	Houston, TX 77025-3663 pation / Job title (See Instructions)	Employer (See Instructions			
	Attorney	pation / cos title (cos monastions)	Employer (God morradione)			
	Date 03/27/2025	Full name of contributor out-of-state PAC (ID#:_ Howard, Elaine Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
		Houston, TX 77025-3663				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/25/2025	Full name of contributor out-of-state PAC (ID#:_ Howden, Norman Contributor address; City; State; Zip Code Dallas, TX 75218-2318			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/30/2025	Full name of contributor out-of-state PAC (ID#:_ Hunt, Amy Contributor address; City; State; Zip Code Dallas, TX 75229-5048)		Amount of Contribution (\$)	\$25.00
	Principal occu Legal marke	pation / Job title (See Instructions) ting	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instruction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 47/88 Rpt: 50/131	
2	2 FILER NAME Annie's List		3	Filer ID (Ethics Commission 00053715	ı Filers)
4	4 Date 02/28/2025)	7	Amount of Contribution (\$)	\$25.00
_	Dallas, TX 75229-5048				
8	Principal occupation / Job title (See Instructions) Legal marketing	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:_03/30/2025 Hunt, Amy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Dallas, TX 75229-5048 Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
	Legal marketing				
	Date Full name of contributor out-of-state PAC (ID#:_ 01/14/2025 Hutto-Blake, Tommie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Becket, MA 01223-3275				
	Principal occupation / Job title (See Instructions) not employed	Employer (See Instructions)		
	Date Full name of contributor O1/15/2025 Hutto-Blake, Tommie 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 O3/19/2025 Full name of contributor James, Marge 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)		
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	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	etion Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 48/88 Rpt: 51/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	Filers)
4	Date 03/01/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78223-3322				
8	Principal occup Not Employe		Employer (See Instructions	i)		
	Date 01/01/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	La Mesa, CA 91941-8047 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 		
	Not Employe		. , ,	•		
	Date 02/01/2025	Full name of contributor out-of-state PAC (ID#: Johnson, Victoria Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		La Mesa, CA 91941-8047				
	Principal occup Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/01/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/01/2025	Full name of contributor out-of-state PAC (ID#: Johnson, Victoria Contributor address; City; State; Zip Code La Mesa, CA 91941-8047			Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		
		I.				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 49/88 Rpt: 52/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	n Filers)
4	Date 01/17/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	Dringing Local	New York, NY 10001-6261	D. Employer (See Instructions			
8	literary agen	pation / Job title (See Instructions) t	9 Employer (See Instructions)		
	Date 02/17/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson-Blalock, Jennifer Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		New York, NY 10001-6261				
	literary agen	pation / Job title (See Instructions) t	Employer (See Instructions)		
	Date 03/17/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson-Blalock, Jennifer Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		New York, NY 10001-6261				
	Principal occu literary agen	pation / Job title (See Instructions) t	Employer (See Instructions)		
	Date 04/17/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson-Blalock, Jennifer Contributor address; City; State; Zip Code New York, NY 10001-6261			Amount of Contribution (\$)	\$100.00
	Principal occu literary agen	pation / Job title (See Instructions) t	Employer (See Instructions)		
	Date 01/20/2025	Full name of contributor out-of-state PAC (ID#:_ Junker, Rebecca Contributor address; City; State; Zip Code Richmond, TX 77469-2340)		Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 50/88 Rpt: 53/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 01/29/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
0	Dringing ogg	Houston, TX 77061-3831 pation / Job title (See Instructions)	9 Employer (See Instructions			
8	Principal occu Professor	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ KING, STEPHEN Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Dringing aggr	Houston, TX 77061-3831 pation / Job title (See Instructions)	Employer (See Instructions)			
	Professor	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 03/29/2025	Full name of contributor out-of-state PAC (ID#:_ KING, STEPHEN Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Houston, TX 77061-3831				
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 02/09/2025	Full name of contributor out-of-state PAC (ID#:_KLISE, SONJA Contributor address; City; State; Zip Code Fulshear, TX 77441-1432			Amount of Contribution (\$)	\$10.00
	Principal occu Auditor	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/09/2025	Full name of contributor out-of-state PAC (ID#:_KLISE, SONJA Contributor address; City; State; Zip Code Fulshear, TX 77441-1432			Amount of Contribution (\$)	\$10.00
	Principal occu Auditor	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 51/88 Rpt: 54/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	n Filers)
4	Date 01/31/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$200.00
_	Dringing! goog	Austin, TX 78702-5313	D. Employer (See Instructions			
8	program cod	pation / Job title (See Instructions) ordinator	9 Employer (See Instructions)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Karempudi, Sahiti Contributor address; City; State; Zip Code Austin, TX 78702-5313			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	program coordinator					
	Date 03/31/2025	Full name of contributor out-of-state PAC (ID#:_ Karempudi, Sahiti Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
		Austin, TX 78702-5313				
	Principal occu program coo	pation / Job title (See Instructions) ordinator	Employer (See Instructions)		
	Date 01/22/2025	Full name of contributor out-of-state PAC (ID#:_Kenton, John Contributor address; City; State; Zip Code San Antonio, TX 78239-3097			Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_Khoslas, Joan Contributor address; City; State; Zip Code Houston, TX 77292-0720			Amount of Contribution (\$)	\$20.00
	Principal occu CPA	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 52/88 Rpt: 55/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 02/03/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
_		Houston, TX 77292-0720				
8	CPA	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 03/03/2025	Full name of contributor out-of-state PAC (ID#:_ Khoslas, Joan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Houston, TX 77292-0720 pation / Job title (See Instructions)	Employer (See Instructions	.)		
	СРА	pation 7 000 title (See Instituctions)	Employer (See monucuons	')		
	Date 04/03/2025	Full name of contributor out-of-state PAC (ID#:_ Khoslas, Joan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Houston, TX 77292-0720				
	Principal occu CPA	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 01/27/2025	Full name of contributor out-of-state PAC (ID#:_LOWREY, AMY L Contributor address; City; State; Zip Code Austin, TX 78704-2412			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/27/2025	Full name of contributor out-of-state PAC (ID#:_LOWREY, AMY L Contributor address; City; State; Zip Code Austin, TX 78704-2412			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 53/88 Rpt: 56/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 03/27/2025	5 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78704-2412 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Not Employe	·	employer (See Instructions)		
	Date 01/18/2025	Full name of contributor out-of-state PAC (ID#:_Lambert, Ruth Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$22.00
	Principal occu	Melbourne, FL 32940-6815 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe	ed				
	Date 02/18/2025	Full name of contributor out-of-state PAC (ID#: Lambert, Ruth Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$22.00
		Melbourne, FL 32940-6815				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 03/18/2025	Full name of contributor out-of-state PAC (ID#:_Lambert, Ruth Contributor address; City; State; Zip Code Melbourne, FL 32940-6815			Amount of Contribution (\$)	\$22.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/18/2025	Full name of contributor out-of-state PAC (ID#:_ Lambert, Ruth Contributor address; City; State; Zip Code Melbourne, FL 32940-6815)		Amount of Contribution (\$)	\$22.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 54/88 Rpt: 57/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	Filers)
4	Date 01/05/2025	Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_	<u> </u>	Sunnyvale, CA 94087-5202				
8	Engineer	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/05/2025	Full name of contributor out-of-state PAC (ID#: Le, Mai Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Sunnyvale, CA 94087-5202 pation / Job title (See Instructions)	Employer (See Instructions			
	Engineer	pation / 300 title (See Instructions)	Employer (See Instructions	,		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:_ Le, Mai Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Sunnyvale, CA 94087-5202				
	Principal occu Engineer	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/05/2025	Full name of contributor out-of-state PAC (ID#:_ Le, Mai Contributor address; City; State; Zip Code Sunnyvale, CA 94087-5202			Amount of Contribution (\$)	\$5.00
	Principal occu Engineer	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/18/2025	Full name of contributor out-of-state PAC (ID#:_ Leff, Debra S Contributor address; City; State; Zip Code Austin, TX 78756-3525)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
		•				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 55/88 Rpt: 58/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 02/18/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
_	Deinsinal	Austin, TX 78756-3525				
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/18/2025	Full name of contributor			Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78756-3525 pation / Job title (See Instructions)	Employer (See Instructions			
	Retired	pation / Job title (See Instituctions)	Employer (See manuchons	,		
	Date 04/18/2025	Full name of contributor)		Amount of Contribution (\$)	\$20.00
		Austin, TX 78756-3525				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/14/2025	Full name of contributor out-of-state PAC (ID#:_ Lervisit, Woot Contributor address; City; State; Zip Code Dallas, TX 75243-4001			Amount of Contribution (\$)	\$25.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:_ Lervisit, Woot Contributor address; City; State; Zip Code Dallas, TX 75243-4001)		Amount of Contribution (\$)	\$25.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions)		
		•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 56/88 Rpt: 59/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 03/14/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	Deignainal agai	Dallas, TX 75243-4001	O Familia var (Coo la atrustia an			
8	Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 04/14/2025	Full name of contributor out-of-state PAC (ID#:_ Lervisit, Woot Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Dringing age	Dallas, TX 75243-4001	Employer (See Instructions			
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/22/2025	Full name of contributor out-of-state PAC (ID#:_ Lowery, Sandra S. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Houston, TX 77024-8001				
	Principal occu Sales	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/22/2025	Full name of contributor out-of-state PAC (ID#:_Lowery, Sandra S. Contributor address; City; State; Zip Code Houston, TX 77024-8001			Amount of Contribution (\$)	\$20.00
	Principal occu Sales	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/22/2025	Full name of contributor out-of-state PAC (ID#:_ Lowery, Sandra S. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu Sales	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 57/88 Rpt: 60/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commissio 00053715	n Filers)
4	Date 04/22/2025	 5 Full name of contributor out-of-state PAC (ID#:_Lowery, Sandra S. 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$20.00
_	<u> </u>	Houston, TX 77024-8001				
8	Sales	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 01/04/2025	Full name of contributor out-of-state PAC (ID#:_Lucido, Rita Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
	Principal occu	Houston, TX 77002-1741 pation / Job title (See Instructions)	Employer (See Instructions			
	attorney	pation / oob title (oce motivations)	Employer (See manuchons			
	Date 02/04/2025	Full name of contributor out-of-state PAC (ID#:_ Lucido, Rita Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
		Houston, TX 77002-1741				
	Principal occu attorney	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/04/2025	Full name of contributor out-of-state PAC (ID#:_Lucido, Rita Contributor address; City; State; Zip Code Houston, TX 77002-1741)		Amount of Contribution (\$)	\$200.00
	Principal occu attorney	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/04/2025	Full name of contributor out-of-state PAC (ID#:_ Lucido, Rita Contributor address; City; State; Zip Code Houston, TX 77002-1741			Amount of Contribution (\$)	\$200.00
	Principal occu attorney	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTR	RIBUTIONS		SCHEDULE	■ A1
	The Instruction Guide explains how to com	plete this form.	1	Total pages Schedule A1: Sch: 58/88 Rpt: 61/131	
2	2 FILER NAME Annie's List		3	Filer ID (Ethics Commission 00053715	Filers)
4	01/22/2025 Madden, Judy		7	Amount of Contribution (\$)	\$10.00
	San Antonio, TX 78216-7708				
8	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions)	s)		
	Date Full name of contributor out-of-s 02/22/2025 Madden, Judy Contributor address; City; State; Zip Co	state PAC (ID#:) ode		Amount of Contribution (\$)	\$10.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Not Employed				
	Date Full name of contributor out-of-s 03/22/2025 Madden, Judy Contributor address; City; State; Zip Co	state PAC (ID#:) ode		Amount of Contribution (\$)	\$10.00
	San Antonio, TX 78216-7708				
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions)	5)		
	04/22/2025 Madden, Judy	otate PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions	5)		
	04/12/2025 Marshall, Susie	state PAC (ID#:) ode		Amount of Contribution (\$)	\$15.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 59/88 Rpt: 62/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commissio 00053715	n Filers)
4	Date 02/12/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	<u> </u>	Houston, TX 77092-5229				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 01/31/2025	Full name of contributor out-of-state PAC (ID#:_Martin, Stephen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Pinole, CA 94564-1220 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe			,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#: Martin, Stephen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Pinole, CA 94564-1220				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 03/31/2025	Full name of contributor out-of-state PAC (ID#:_ Martin, Stephen Contributor address; City; State; Zip Code Pinole, CA 94564-1220)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 01/15/2025	Full name of contributor out-of-state PAC (ID#:_ Matthews, Spencer Contributor address; City; State; Zip Code Houston, TX 77084-4312			Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 60/88 Rpt: 63/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	Filers)
4	Date 02/15/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_		Houston, TX 77084-4312				
8	Principal occur Not Employe		Employer (See Instructions)		
	Date 03/15/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe					
	Date 04/15/2025	Full name of contributor out-of-state PAC (ID#: Matthews, Spencer Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Houston, TX 77084-4312				
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$7.00
	Principal occu Managemen	pation / Job title (See Instructions) c consultant	Employer (See Instructions)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$7.00
	Principal occu Managemen	pation / Job title (See Instructions)	Employer (See Instructions)		
	Managemen	. Sonoman				

	MONETA	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE	■ A1
	The Instruc	tion Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 61/88 Rpt: 64/131	
2	FILER NAME Annie's List				3	Filer ID (Ethics Commission 00053715	ı Filers)
4	03/07/2025	Full name of contributorMayo, DonnaContributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$7.00
		Belmont, MA 02478-1947					
8	Principal occup Management	ation / Job title (See Instructions consultant)	9 Employer (See Instructions	s)		
	Date 04/07/2025	Full name of contributor Mayo, Donna Contributor address; City; St Belmont, MA 02478-1947	ate; Zip Code			Amount of Contribution (\$)	\$7.00
		ation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Management						
	Date 01/22/2025 .	Full name of contributor McCarthy, Carolyn Contributor address; City; Si	out-of-state PAC (ID#:_ ate; Zip Code)	•	Amount of Contribution (\$)	\$10.00
		Tyler, TX 75703-9342					
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/17/2025	Full name of contributor McCormack, Maureen Contributor address; City; St Austin, TX 78757-1949				Amount of Contribution (\$)	\$10.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/17/2025 .	Full name of contributor McCormack, Maureen Contributor address; City; Si Austin, TX 78757-1949	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
	Principal occup Not employed	ation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 62/88 Rpt: 65/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 03/17/2025	Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
•	Dringing occu	Austin, TX 78757-1949 pation / Job title (See Instructions)	9 Employer (See Instructions			
8	Not employe		9 Employer (See Instructions)		
	Date 04/17/2025	Full name of contributor out-of-state PAC (ID#: McCormack, Maureen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78757-1949 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not employe					
	Date 01/26/2025	Full name of contributor out-of-state PAC (ID#: McDaniel, Patrick Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Sacramento, CA 95818-4106				
	Principal occu Forester	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/26/2025	Full name of contributor out-of-state PAC (ID#:_McDaniel, Patrick Contributor address; City; State; Zip Code Sacramento, CA 95818-4106)		Amount of Contribution (\$)	\$50.00
	Principal occu Forester	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/26/2025	Full name of contributor out-of-state PAC (ID#:_McDaniel, Patrick Contributor address; City; State; Zip Code Sacramento, CA 95818-4106			Amount of Contribution (\$)	\$50.00
	Principal occu Forester	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 63/88 Rpt: 66/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 03/01/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.36
_	District	Dallas, TX 75248-1505				
8	Principal occu Psychologisi	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 03/25/2025	Full name of contributor out-of-state PAC (ID#:_McGarrahan, Andy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$7.43
	Deinsinal assu	Dallas, TX 75248-1505	Frankrija (Cas Instructions			
	Principal occu Psychologist	pation / Job title (See Instructions) t	Employer (See Instructions)		
	Date 01/26/2025	Full name of contributor)		Amount of Contribution (\$)	\$25.00
		Houston, TX 77004-5938				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/26/2025	Full name of contributor out-of-state PAC (ID#:_ McGuffey, Barbara Shivers Contributor address; City; State; Zip Code Houston, TX 77004-5938)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/26/2025	Full name of contributor out-of-state PAC (ID#:_McGuffey, Barbara Shivers Contributor address; City; State; Zip Code Houston, TX 77004-5938)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 64/88 Rpt: 67/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 01/07/2025	 Full name of contributor	_	7	Amount of Contribution (\$)	\$25.00
_		Austin, TX 78734-1525	1			
8	Principal occu physical ther	pation / Job title (See Instructions) apist	9 Employer (See Instructions	5)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:_McIlheran, Sarah Contributor address; City; State; Zip Code Austin, TX 78734-1525			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	physical ther	apist				
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_ McIlheran, Sarah Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78734-1525				
	Principal occu physical ther	oation / Job title (See Instructions) apist	Employer (See Instructions	()		
	Date 04/07/2025	Full name of contributor out-of-state PAC (ID#:_MCIlheran, Sarah Contributor address; City; State; Zip Code Austin, TX 78734-1525)		Amount of Contribution (\$)	\$25.00
	Principal occu physical ther	pation / Job title (See Instructions) apist	Employer (See Instructions	5)		
	Date 01/08/2025	Full name of contributor out-of-state PAC (ID#: Mellon-Werch, Michelle Contributor address; City; State; Zip Code Austin, TX 78759-4723			Amount of Contribution (\$)	\$20.00
	Principal occu Assistant GC	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 65/88 Rpt: 68/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 01/30/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
0	Dringing occu	Austin, TX 78759-4723	Employer (See Instructions)			
8		pation / Job title (See Instructions) eneral Counsel	9 Employer (See Instructions))		
	Date 02/08/2025	Full name of contributor out-of-state PAC (ID#:_Mellon-Werch, Michelle Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78759-4723 pation / Job title (See Instructions)	Employer (See Instructions)		
	Assistant Ge	eneral Counsel				
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#: Mellon-Werch, Michelle Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78759-4723				
		pation / Job title (See Instructions) eneral Counsel	Employer (See Instructions))		
	Date 03/08/2025	Full name of contributor out-of-state PAC (ID#:_Mellon-Werch, Michelle Contributor address; City; State; Zip Code Austin, TX 78759-4723)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) eneral Counsel	Employer (See Instructions)		
	Date 03/30/2025	Full name of contributor out-of-state PAC (ID#:_Mellon-Werch, Michelle Contributor address; City; State; Zip Code Austin, TX 78759-4723			Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) eneral Counsel	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 66/88 Rpt: 69/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commissio 00053715	n Filers)
4	Date 04/08/2025	Full name of contributor		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Austin, TX 78759-4723 pation / Job title (See Instructions)	9 Employer (See Instructions)			
0		eneral Counsel	employer (See Instructions))		
	Date 01/28/2025	Full name of contributor out-of-state PAC (ID#:_ Mix, Darcy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	San Antonio, TX 78212-2346 pation / Job title (See Instructions)	Employer (See Instructions)		
	Self employe		, ,, , , , , , , , , , , , , , , , , , ,	,		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#: Mix, Darcy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78212-2346				
	Principal occu Self employe	pation / Job title (See Instructions) ed	Employer (See Instructions))		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Mix, Darcy Contributor address; City; State; Zip Code San Antonio, TX 78212-2346			Amount of Contribution (\$)	\$100.00
	Principal occu Self employe	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 02/03/2025	Full name of contributor out-of-state PAC (ID#:_Montoya, Celina Contributor address; City; State; Zip Code San Antonio, TX 78209-5185			Amount of Contribution (\$)	\$250.00
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	etion Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 67/88 Rpt: 70/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	n Filers)
4	Date 02/07/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$40.00
_	Deignaignal annu	Fort Worth, TX 76116-8156	Frankria (Coo la atrustica a	_		
8	Not Employe		Employer (See Instructions	5)		
	Date 02/08/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe	d				
	Date 02/25/2025	Full name of contributor out-of-state PAC (ID#: Nettles, Scott Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		San Francisco, CA 94114-2829				
	Principal occup Consultant	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/17/2025	Full name of contributor out-of-state PAC (ID#: Nettles, Scott Contributor address; City; State; Zip Code San Francisco, CA 94114-2829			Amount of Contribution (\$)	\$100.00
	Principal occup Consultant	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/22/2025	Full name of contributor out-of-state PAC (ID#: Nichols, Cheryl Contributor address; City; State; Zip Code Arlington, TX 76011-2620)		Amount of Contribution (\$)	\$5.25
	Principal occup Not Employe	pation / Job title (See Instructions)	Employer (See Instructions	i)		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 68/88 Rpt: 71/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	Filers)
4	Date 02/22/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.25
_	Deignaignal annu	Arlington, TX 76011-2620	O Familia var (Cap Instructions			
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions))		
	Date 03/22/2025	Full name of contributor out-of-state PAC (ID#:_ Nichols, Cheryl Contributor address; City; State; Zip Code Arlington, TX 76011-2620)		Amount of Contribution (\$)	\$5.25
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe	ed				
	Date 04/22/2025	Full name of contributor out-of-state PAC (ID#: Nichols, Cheryl Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.25
		Arlington, TX 76011-2620				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 03/25/2025	Full name of contributor out-of-state PAC (ID#:_ Nikolatos, John Contributor address; City; State; Zip Code San Antonio, TX 78228-2003			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 01/13/2025	Full name of contributor out-of-state PAC (ID#:_ Noble, Shannon Contributor address; City; State; Zip Code Austin, TX 78735-6605)		Amount of Contribution (\$)	\$50.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 69/88 Rpt: 72/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 02/13/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
_	Deignigal	Austin, TX 78735-6605	O Frankrija v (Can kastrustiana)			
8	Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 03/13/2025	Full name of contributor)		Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78735-6605 pation / Job title (See Instructions)	Employer (See Instructions)		
	Attorney	, , , , , , , , , , , , , , , , , , , ,				
	Date 04/13/2025	Full name of contributor out-of-state PAC (ID#: Noble, Shannon Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78735-6605				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 03/25/2025	Full name of contributor out-of-state PAC (ID#:_ Onderlinde, William Contributor address; City; State; Zip Code San Antonio, TX 78245-3031)		Amount of Contribution (\$)	\$15.00
	Principal occu Laborer	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 01/22/2025	Full name of contributor out-of-state PAC (ID#:_ Osborn, Charissa Contributor address; City; State; Zip Code Saint Paul, MN 55106-6319			Amount of Contribution (\$)	\$15.00
	Principal occu Operations A	pation / Job title (See Instructions) Analyst	Employer (See Instructions))		
		•				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 70/88 Rpt: 73/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 01/18/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
•	Dringing occu	Austin, TX 78746-7871 pation / Job title (See Instructions)	Employer (See Instructions			
8	Real estate	· · · · · · · · · · · · · · · · · · ·	9 Employer (See Instructions)		
	Date 02/18/2025	Full name of contributor out-of-state PAC (ID#:_Paul, Mary Anna Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78746-7871 pation / Job title (See Instructions)	Employer (See Instructions)		
	Real estate	broker				
	Date 03/18/2025	Full name of contributor out-of-state PAC (ID#: Paul, Mary Anna Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78746-7871				
	Principal occu Real estate	pation / Job title (See Instructions) broker	Employer (See Instructions)		
	Date 04/18/2025	Full name of contributor out-of-state PAC (ID#:_ Paul, Mary Anna Contributor address; City; State; Zip Code Austin, TX 78746-7871			Amount of Contribution (\$)	\$25.00
	Principal occu Real estate	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/01/2025	Full name of contributor out-of-state PAC (ID#:_ Perrenod, William Contributor address; City; State; Zip Code New Orleans, LA 70117-5727)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) siness Consultant	Employer (See Instructions)		
		·				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 71/88 Rpt: 74/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 02/01/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
0	Dringing! goog	New Orleans, LA 70117-5727	O Employer (Con Instructions			
8		pation / Job title (See Instructions) siness Consultant	9 Employer (See Instructions))		
	Date 03/01/2025	Full name of contributor out-of-state PAC (ID#:_ Perrenod, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	New Orleans, LA 70117-5727 pation / Job title (See Instructions)	Employer (See Instructions)		
	Nonprofit Business Consultant					
	Date 04/01/2025	Full name of contributor out-of-state PAC (ID#: Perrenod, William Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		New Orleans, LA 70117-5727				
		pation / Job title (See Instructions) siness Consultant	Employer (See Instructions)		
	Date 01/25/2025	Full name of contributor out-of-state PAC (ID#:_ Peterson, Linda Contributor address; City; State; Zip Code Austin, TX 78757-1830)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 02/25/2025	Full name of contributor out-of-state PAC (ID#:_ Peterson, Linda Contributor address; City; State; Zip Code Austin, TX 78757-1830			Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 72/88 Rpt: 75/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 03/25/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_	Deignaignal annu	Austin, TX 78757-1830	O Familia var (Can Instructions			
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Petit, Kimberlie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Pottsboro, TX 75076-0445 pation / Job title (See Instructions)	Employer (See Instructions			
	clerk	pation / 300 title (See Instituctions)	Employer (See Instructions	,		
	Date 01/05/2025	Full name of contributor out-of-state PAC (ID#:_ Polito, Catherine Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.85
		Austin, TX 78759-5001				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/05/2025	Full name of contributor out-of-state PAC (ID#:_Polito, Catherine Contributor address; City; State; Zip Code Austin, TX 78759-5001			Amount of Contribution (\$)	\$20.85
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:_ Polito, Catherine Contributor address; City; State; Zip Code Austin, TX 78759-5001			Amount of Contribution (\$)	\$20.85
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 73/88 Rpt: 76/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	Filers)
4	Date 04/05/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.85
_	Deignaignal annu	Austin, TX 78759-5001	O Franks var (Cas Instructions			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Poyser, Linda Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78704-2716 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe			,		
	Date 02/08/2025	Full name of contributor out-of-state PAC (ID#: Provencher, Denise Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Plano, TX 75023-1114				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 04/17/2025	Full name of contributor out-of-state PAC (ID#:_Quinn, Erica Contributor address; City; State; Zip Code Fort Worth, TX 76109-5003)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/04/2025	Full name of contributor out-of-state PAC (ID#:_ Reeves, Sandra Lemcke Contributor address; City; State; Zip Code Houston, TX 77006-6166			Amount of Contribution (\$)	\$20.00
	Principal occuretired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 74/88 Rpt: 77/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 02/04/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
_	<u> </u>	Houston, TX 77006-6166				
8	retired	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 03/04/2025	Full name of contributor out-of-state PAC (ID#:_ Reeves, Sandra Lemcke Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Dringing aggr	Houston, TX 77006-6166	Employer (See Instructions			
	retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/04/2025	Full name of contributor out-of-state PAC (ID#:_ Reeves, Sandra Lemcke Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Houston, TX 77006-6166				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Renteria, Anita Contributor address; City; State; Zip Code Houston, TX 77055-6728			Amount of Contribution (\$)	\$25.00
	•	ipation / Job title (See Instructions) iness Development	Employer (See Instructions)		
	Date 01/01/2025	Full name of contributor out-of-state PAC (ID#:_ Reynoso, Beatriz Contributor address; City; State; Zip Code Harlingen, TX 78552-2261)		Amount of Contribution (\$)	\$5.00
	Principal occu Design Cons	pation / Job title (See Instructions) sulting	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 75/88 Rpt: 78/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 01/02/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
_	Daine in all access	Austin, TX 78750-8202				
8	N/A	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/02/2025	Full name of contributor out-of-state PAC (ID#:_ Richards, Joanne Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78750-8202 pation / Job title (See Instructions)	Employer (See Instructions			
	N/A	pation / Job title (See Instructions)	Employer (See Instructions	,		
	Date 03/02/2025	Full name of contributor)		Amount of Contribution (\$)	\$20.00
		Austin, TX 78750-8202				
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/02/2025	Full name of contributor out-of-state PAC (ID#:_Richards, Joanne Contributor address; City; State; Zip Code Austin, TX 78750-8202			Amount of Contribution (\$)	\$20.00
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Riggs, Richard Contributor address; City; State; Zip Code Branchburg, NJ 08876-3658			Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 76/88 Rpt: 79/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	n Filers)
4	Date 01/27/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
8	Drincinal occu	Fort Worth, TX 76137-2058 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	Retired	pation / 300 title (See Instructions)	5 Employer (See Instructions			
	Date 02/27/2025	Full name of contributor out-of-state PAC (ID#:_ Robinson, Jean Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Deinsinal	Fort Worth, TX 76137-2058				
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/27/2025	Full name of contributor out-of-state PAC (ID#:_ Robinson, Jean Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Fort Worth, TX 76137-2058				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/15/2025	Full name of contributor out-of-state PAC (ID#:_ Rocha, Mary Esther Contributor address; City; State; Zip Code Houston, TX 77005-4332			Amount of Contribution (\$)	\$25.00
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/15/2025	Full name of contributor out-of-state PAC (ID#:_ Rocha, Mary Esther Contributor address; City; State; Zip Code Houston, TX 77005-4332)		Amount of Contribution (\$)	\$25.00
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 77/88 Rpt: 80/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commissio 00053715	n Filers)
4	Date 03/15/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	District	Houston, TX 77005-4332				
8	physician	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 04/15/2025	Full name of contributor out-of-state PAC (ID#:_ Rocha, Mary Esther Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Houston, TX 77005-4332 pation / Job title (See Instructions)	Employer (See Instructions			
	physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/29/2025	Full name of contributor)		Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78232-1301				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Rogers, Nancy Contributor address; City; State; Zip Code San Antonio, TX 78232-1301			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/29/2025	Full name of contributor out-of-state PAC (ID#:_ Rogers, Nancy Contributor address; City; State; Zip Code San Antonio, TX 78232-1301)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 78/88 Rpt: 81/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	Filers)
4	Date 01/29/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Austin, TX 78757-3036 pation / Job title (See Instructions)	Employer (See Instructions			
0	Researcher	pation / Job title (See instructions)	e Employer (See instructions)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Sarath, Patrice Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78757-3036 pation / Job title (See Instructions)	Employer (See Instructions)		
	Researcher					
	Date 03/29/2025	Full name of contributor out-of-state PAC (ID#:_ Sarath, Patrice Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78757-3036				
	Principal occu Researcher	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/06/2025	Full name of contributor out-of-state PAC (ID#:_Sawyer, Robin Contributor address; City; State; Zip Code Mclean, VA 22102-5864			Amount of Contribution (\$)	\$25.00
	Principal occu Programs M	pation / Job title (See Instructions) anager	Employer (See Instructions)		
	Date 02/06/2025	Full name of contributor out-of-state PAC (ID#:_Sawyer, Robin Contributor address; City; State; Zip Code Mclean, VA 22102-5864)		Amount of Contribution (\$)	\$25.00
	Principal occu Programs M	pation / Job title (See Instructions) anager	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 79/88 Rpt: 82/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 03/06/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	District	Mclean, VA 22102-5864				
8	Principal occu Programs M	pation / Job title (See Instructions) anager	9 Employer (See Instructions))		
	Date 04/06/2025	Full name of contributor out-of-state PAC (ID#:_Sawyer, Robin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Mclean, VA 22102-5864 pation / Job title (See Instructions)	Employer (See Instructions)		
	Programs M			,		
	Date 01/22/2025	Full name of contributor out-of-state PAC (ID#:_ Schmatjen, Sheryl Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78251-4332				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:_Sells, Greg K Contributor address; City; State; Zip Code Austin, TX 78741-6942)		Amount of Contribution (\$)	\$20.00
	Principal occu civil service	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/15/2025	Full name of contributor out-of-state PAC (ID#:_Sharpe, Mary Contributor address; City; State; Zip Code Austin, TX 78703-2833			Amount of Contribution (\$)	\$25.00
	Principal occu planning fac	pation / Job title (See Instructions) ilitator	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 80/88 Rpt: 83/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 02/15/2025	 5 Full name of contributor out-of-state PAC (ID#:_Sharpe, Mary 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_	Deinsinal	Austin, TX 78703-2833				
8	planning fac	pation / Job title (See Instructions) ilitator	9 Employer (See Instructions	<u></u>		
	Date 03/15/2025	Full name of contributor out-of-state PAC (ID#:_Sharpe, Mary Contributor address; City; State; Zip Code Austin, TX 78703-2833)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	planning fac	Full name of contributor uut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/15/2025	Sharpe, Mary Contributor address; City; State; Zip Code				\$25.00
		Austin, TX 78703-2833				
	Principal occu planning fac	pation / Job title (See Instructions) ilitator	Employer (See Instructions	i)		
	Date 01/05/2025	Full name of contributor out-of-state PAC (ID#:_Skidmore, Danielle Contributor address; City; State; Zip Code Austin, TX 78701-4271			Amount of Contribution (\$)	\$50.00
	Principal occu Civil Enginee	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 02/05/2025	Full name of contributor out-of-state PAC (ID#:_Skidmore, Danielle Contributor address; City; State; Zip Code Austin, TX 78701-4271)		Amount of Contribution (\$)	\$50.00
	Principal occu Civil Engine	pation / Job title (See Instructions) er	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 81/88 Rpt: 84/131	
2	FILER NAME Annie's List			3	Filer ID (Ethics Commission 00053715	ı Filers)
4	Date 03/05/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Austin, TX 78701-4271 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Civil Engine		3 Employer (See Instructions	,		
	Date 04/05/2025	Full name of contributor out-of-state PAC (ID#:_ Skidmore, Danielle Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78701-4271 pation / Job title (See Instructions)	Employer (See Instructions			
	Civil Engine		Employer (See manuchons	,		
	Date 04/22/2025	Full name of contributor)		Amount of Contribution (\$)	\$5.00
		Chicago, IL 60626-6943				
	Principal occu Not employe	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:_ Steinwedell, Patricia Contributor address; City; State; Zip Code Austin, TX 78746-6986			Amount of Contribution (\$)	\$10.00
	Principal occu Finance	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/09/2025	Full name of contributor out-of-state PAC (ID#:_ Steinwedell, Patricia Contributor address; City; State; Zip Code Austin, TX 78746-6986			Amount of Contribution (\$)	\$10.00
	Principal occu Finance	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS				E A1	
	The Instru	ruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 82/88 Rpt: 85/131	
2	FILER NAME Annie's List				Filer ID (Ethics Commission 00053715	n Filers)
4	Date 03/09/2025	 Full name of contributor)	7 /	Amount of Contribution (\$)	\$10.00
_	Dringing	Austin, TX 78746-6986	C. Franksvar (Cas Instructions			
8	Finance	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 04/09/2025	Full name of contributor out-of-state PAC (ID#:) Steinwedell, Patricia Contributor address; City; State; Zip Code		,	Amount of Contribution (\$)	\$10.00
	Austin, TX 78746-6986 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions)		
Finance			,			
	Date Full name of contributor out-of-state PAC (ID#:) 03/19/2025 Stoltz, Suzanne Contributor address; City; State; Zip Code Kingwood, TX 77339-2349		,	Amount of Contribution (\$)	\$5.00	
	Principal occu Not employe	pation / Job title (See Instructions) d	Employer (See Instructions))		
	Date 01/04/2025	Full name of contributor out-of-state PAC (ID#:_ Tabor, Catherine L Contributor address; City; State; Zip Code Austin, TX 78703-3314)	,	Amount of Contribution (\$)	\$25.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/09/2025	Full name of contributor out-of-state PAC (ID#:_ Tabor, Catherine L Contributor address; City; State; Zip Code Austin, TX 78703-3314		,	Amount of Contribution (\$)	\$25.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONETARY POLITICAL CONTRIBUTIONS				E A1	
	The Instru	truction 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 00053715	n Filers)
4	Date 03/04/2025	Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_	<u> </u>	Austin, TX 78703-3314				
8	Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 04/09/2025	Full name of contributor out-of-state PAC (ID#:_ Tabor, Catherine L Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78703-3314 pation / Job title (See Instructions)	Employer (See Instructions)		
	Attorney					
	Date Full name of contributor out-of-state PAC (ID#:) 04/01/2025 Taube, DeEtta Contributor address; City; State; Zip Code Tucson, AZ 85710-4523			Amount of Contribution (\$)	\$15.00	
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions))		
	Date 01/22/2025	Full name of contributor out-of-state PAC (ID#:_ Temple, Ellen Contributor address; City; State; Zip Code Lufkin, TX 75901-7346			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 02/22/2025	Full name of contributor out-of-state PAC (ID#:_ Temple, Ellen Contributor address; City; State; Zip Code Lufkin, TX 75901-7346			Amount of Contribution (\$)	\$500.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions))		
		•				

	MONETARY POLITICAL CONTRIBUTIONS			SCHE	OULE A1
	The Instru	Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Sch: 84/88 Rpt: 87/13	
2	FILER NAME Annie's List			3 Filer ID (Ethics Commi	ssion Filers)
4	Date 04/22/2025	 Full name of contributor		7 Amount of Contribution (\$) \$25.00
_	Dringing Local	San Antonio, TX 78244-2318	• Employer (Con Instructions		
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions)	s)	
	Date 01/04/2025	Full name of contributor out-of-state PAC (ID#:_ WIngate, Elizabeth Contributor address; City; State; Zip Code		Amount of Contribution (\$5.00
	Principal occu	Valdez, AK 99686-1503 pation / Job title (See Instructions)	Employer (See Instructions	ls)	
	Not Employe			,	
	Date 02/04/2025	Full name of contributor		Amount of Contribution (\$) \$5.00
		Valdez, AK 99686-1503			
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)	s)	
	Date 03/04/2025	Full name of contributor out-of-state PAC (ID#:_ WIngate, Elizabeth Contributor address; City; State; Zip Code Valdez, AK 99686-1503		Amount of Contribution (\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I IS)	
	Date 04/04/2025	Full name of contributor out-of-state PAC (ID#:_ WIngate, Elizabeth Contributor address; City; State; Zip Code Valdez, AK 99686-1503		Amount of Contribution (\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)	s)	
		•			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	JLE A1	
	The Instru	e 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 00053715	n Filers)	
4	Date 01/19/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$5.00	
0	Dringing occu	Fort Worth, TX 76110-1741	Employer (See Instructions)				
8	Caseworker	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date 02/19/2025	Full name of contributor out-of-state PAC (ID#:_ Watkins, Doris Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00	
	Fort Worth, TX 76110-1741 Principal occupation / Job title (See Instructions) Employer (See Instructions))				
	Caseworker			,			
	Date Full name of contributor out-of-state PAC (ID#:) 03/19/2025 Watkins, Doris Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00	
		Fort Worth, TX 76110-1741					
	Principal occu Caseworker	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 04/19/2025	Full name of contributor out-of-state PAC (ID#:_ Watkins, Doris Contributor address; City; State; Zip Code Fort Worth, TX 76110-1741)		Amount of Contribution (\$)	\$5.00	
	Principal occu Caseworker	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 01/29/2025	Full name of contributor out-of-state PAC (ID#:_ Weinstein, Hilary Contributor address; City; State; Zip Code Fort Worth, TX 76107-2795)		Amount of Contribution (\$)	\$100.00	
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONETARY POLITICAL CONTRIBUTIONS				E A1	
	The Instru	uction 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 00053715	n Filers)
4	Date 02/28/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
0	Dringing ogg	Fort Worth, TX 76107-2795	Employer (See Instructions)			
8	Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/29/2025	Full name of contributor)		Amount of Contribution (\$)	\$100.00
	Fort Worth, TX 76107-2795 Principal occupation / Job title (See Instructions) Employer (See Instructions))		
Attorney						
	Date 01/30/2025				Amount of Contribution (\$)	\$100.00
	Austin, TX 78704-3101					
	Principal occu systems ana	pation / Job title (See Instructions) lyst	Employer (See Instructions)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Whitten, Lynn Contributor address; City; State; Zip Code Austin, TX 78704-3101			Amount of Contribution (\$)	\$100.00
	Principal occu systems and	pation / Job title (See Instructions) lyst	Employer (See Instructions)		
	Date 03/30/2025	Full name of contributor out-of-state PAC (ID#:_ Whitten, Lynn Contributor address; City; State; Zip Code Austin, TX 78704-3101			Amount of Contribution (\$)	\$100.00
	Principal occu systems and	pation / Job title (See Instructions) lyst	Employer (See Instructions)		
		·				

	MONETARY POLITICAL CONTRIBUTIONS				■ A1	
	The Instru	nstruction 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 00053715	ı Filers)
4	Date 02/28/2025	5 Full name of contributor out-of-state PAC (ID#:) Willis, Taylor 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
_	Deignaignal annu	Fort Worth, TX 76110-1110	O Familia va (Can Instructiona)			
8	Executive Di	pation / Job title (See Instructions) rector	9 Employer (See Instructions))		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_Willis, Taylor Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Fort Worth, TX 76110-1110 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Executive Director						
	Date Full name of contributor out-of-state PAC (ID#:) 01/27/2025 Wright, Carlecia D. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Houston, TX 77018-1415				
	Principal occu Director	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 02/27/2025	Full name of contributor out-of-state PAC (ID#:_ Wright, Carlecia D. Contributor address; City; State; Zip Code Houston, TX 77018-1415			Amount of Contribution (\$)	\$10.00
	Principal occu Director	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/27/2025	Full name of contributor out-of-state PAC (ID#:_ Wright, Carlecia D. Contributor address; City; State; Zip Code Houston, TX 77018-1415)		Amount of Contribution (\$)	\$10.00
	Principal occu Director	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONETARY POLITICAL CONTRIBUTIONS				A1	
	The Instru	truction 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 00053715	n Filers)
4	Date 01/14/2025	Full name of contributor		7	Amount of Contribution (\$)	\$10.53
0	Dringing ogg	The Woodlands, TX 77380-3344	Employer (See Instructions)			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)	•)		
	Date 02/14/2025				Amount of Contribution (\$)	\$10.53
	The Woodlands, TX 77380-3344		Employer (See Instructions	.)		
Principal occupation / Job title (See Instructions) Retired Employer (See Instruction		Employer (See manacions)	')			
	Date Full name of contributor out-of-state PAC (ID#:) 03/14/2025 Yeager, Bob Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.53	
	The Woodlands, TX 77380-3344					
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)	i)		
	Date 04/14/2025	Full name of contributor out-of-state PAC (ID#:_Yeager, Bob Contributor address; City; State; Zip Code The Woodlands, TX 77380-3344			Amount of Contribution (\$)	\$10.53
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)	<u>(</u>		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_van Gelder, Diane Contributor address; City; State; Zip Code Watauga, TX 76148-3225			Amount of Contribution (\$)	\$103.45
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions))		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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)

Credit Card Payment The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 1/18 Rpt: 92/131	Annie's List	00053715					
4 Date	5 Payee name	•					
01/05/2025	ActBlue						
6 Amount (\$)	7 Payee address; City; State; Zip Code	е					
\$9.24	PO Box 441146						
Expenditure from							
corporate funds	West Somerville, MA 02144-0031						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description					
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense contribution processing fees					
		continuation processing rees					
9 Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht Office held					
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	Office field					
Date	Davis name						
01/12/2025	Payee name ActBlue						
		2					
Amount (\$) \$7.99	Payee address; City; State; Zip Code PO Box 441146	e					
Φ1.99	PO BOX 441140						
Expenditure from corporate funds	West Somerville, MA 02144-0031						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description					
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense contribution processing fees					
		contribution processing root					
Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held					
expenditure to benefit C/OI	-1						
Date	Payee name						
01/19/2025	ActBlue						
Amount (\$)	Payee address; City; State; Zip Code	e					
\$19.87	PO Box 441146						
Expenditure from corporate funds	West Somerville, MA 02144-0031						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description					
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense contribution processing fees					
		contribution processing rees					
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sougl	ht Office held					
expenditure to benefit C/OI		255					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form. OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/18 Rpt: 93/131	Annie's List	00053715
4 Date	5 Payee name	<u> </u>
01/26/2025	ActBlue	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$33.36	PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144-0031	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense contribution processing fees
		Continuation processing rees
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI		
Date	Payee name	
02/02/2025	ActBlue	
Amount (\$)	Payee address; City; State; Zip C	ode
\$26.82	PO Box 441146	
Expenditure from		
corporate funds	West Somerville, MA 02144-0031	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
-		Check if Austin, TX, officeholder living expense
		contribution processing fees
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI		
Date	Payee name	
02/09/2025	ActBlue	
Amount (\$)	Payee address; City; State; Zip C	ode
\$33.45	PO Box 441146	
Expenditure from		
corporate funds	West Somerville, MA 02144-0031	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense contribution processing fees
		Contribution processing fees
Complete ONLY if direct	Candidate/Officeholder name Office so	L ught Office held
expenditure to benefit C/OI		

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)

Great Gara Fayment	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)			
Sch: 3/18 Rpt: 94/131	Annie's List		00053715				
4 Date	5 Payee name						
02/16/2025	ActBlue						
6 Amount (\$)	7 Payee address; City; State; Zip C	ode					
\$11.69	PO Box 441146						
Expenditure from							
corporate funds	West Somerville, MA 02144-0031						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti					
EXPENDITURE	Fees		if travel outside of Texas. Com if Austin, TX, officeholder living				
		. —	ition processing fees				
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office he	eld			
expenditure to benefit C/OI	H						
Date	Payee name						
02/23/2025	ActBlue						
Amount (\$)	Payee address; City; State; Zip C	ode					
\$34.04	PO Box 441146						
Expenditure from							
corporate funds	West Somerville, MA 02144-0031						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti					
EXPENDITURE	Fees	ı <u>—</u>	if travel outside of Texas. Com if Austin, TX, officeholder living				
			ition processing fees				
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office he	eld			
expenditure to benefit C/OI	H						
Date	Payee name						
03/02/2025	ActBlue						
Amount (\$)	Payee address; City; State; Zip C	ode					
\$26.83	PO Box 441146						
Expenditure from							
corporate funds	West Somerville, MA 02144-0031						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti					
EXPENDITURE	Fees		if travel outside of Texas. Com if Austin, TX, officeholder living				
			ition processing fees				
			-				
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office he	eld			
expenditure to benefit C/OI	H						
<u> </u>							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/18 Rpt: 95/131	Annie's List 00053715
4 Date	5 Payee name
03/09/2025	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.45	PO Box 441146
Evpanditure from	
Expenditure from corporate funds	West Somerville, MA 02144-0031
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense contribution processing fees
	contribution processing rees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/16/2025	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$15.84	PO Box 441146
Ψ10.04	1 0 50% 441140
Expenditure from corporate funds	West Somerville, MA 02144-0031
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense contribution processing fees
	Continuation processing lees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/23/2025	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$17.48	PO Box 441146
Ψ11.40	FO BOX 441140
Expenditure from corporate funds	West Somerville, MA 02144-0031
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense contribution processing fees
	continuation processing lees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 5/18 Rpt: 96/131	Annie's List 00053715	
4 Date	5 Payee name	
03/30/2025	ActBlue	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$17.84	PO Box 441146	
— Formarditure from		
Expenditure from corporate funds	West Somerville, MA 02144-0031	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense contribution processing fees	
	Continuation processing ices	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	4
expenditure to benefit C/OI		
		_
Date	Payee name	
03/31/2025	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$4.45	PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144-0031	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	contribution processing fees	
Commission ONII V if dispose	Candidate/Officeholder name Office sought Office held	_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		
		_
Date	Payee name	
04/06/2025	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$13.59	PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144-0031	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	contribution processing fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiditure to benefit C/Oi	'	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Politica Credit Card Payment		Expense Travel Out of District //Wages/Contract Labor OTHER (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/18 Rpt: 97/131	Annie's List	00053715
4 Date	5 Payee name	·
04/13/2025	ActBlue	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$10.19	PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144-0031	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		contribution processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ought Office held
Date	Payee name	
04/20/2025	ActBlue	
Amount (\$)	Payee address; City; State; Zip C	Code
\$12.38	PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144-0031	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
-		Check if Austin, TX, officeholder living expense contribution processing fees
		contribution processing ices
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O		omee ned
Data		
Date	Payee name	
01/14/2025	Blue Scout Digital	
Amount (\$)	Payee address; City; State; Zip C	Code
\$1,600.00	2505 Royal Birkdale Dr	
Expenditure from		
corporate funds	Plano, TX 75025-5067	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
-		Check if Austin, TX, officeholder living expense Digital consulting
		Digital Consulting
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O		onice neu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission F	ilers)
Sch: 7/18 Rpt: 98/131	Annie's List 00053715	
4 Date	5 Payee name	
01/14/2025	Blue Scout Digital	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,500.00	2505 Royal Birkdale Dr	
Expenditure from corporate funds	Plano, TX 75025-5067	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense	
	Check if Austin, TX, officeholder living expense	
	Digital consulting	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
Date	Payee name	
01/14/2025	Blue Scout Digital	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,600.00	2505 Royal Birkdale Dr	
42,000.00	2555 115/41 211144115 21	
Expenditure from corporate funds	Plano, TX 75025-5067	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Digital consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
Data	Davida marra	
Date	Payee name	
02/13/2025	Blue Scout Digital	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,600.00	2505 Royal Birkdale Dr	
Expenditure from corporate funds	Plano, TX 75025-5067	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Digital consulting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

Printing Expense Travel
Salaries/Wages/Contract Labor OTHE

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

Credit Card Payment	The Instruction Guide explains how to d	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/18 Rpt: 99/131	Annie's List	00053715
4 Date	5 Payee name	<u> </u>
03/25/2025	Blue Scout Digital	
6 Amount (\$)	7 Payee address; City; State; Zip C	code
\$1,400.00	2505 Royal Birkdale Dr	
•	,	
Expenditure from corporate funds	Plano, TX 75025-5067	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Digital consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/Oi	1	
Date	Payee name	
01/06/2025	Gusto	
Amount (\$)	Payee address; City; State; Zip C	code
\$149.24	525 20th St	
Expenditure from corporate funds	San Francisco, CA 94107-4345	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Payroll platform fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
experientare to benefit 6/61		
Date	Payee name	
02/05/2025	Gusto	
Amount (\$)	Payee address; City; State; Zip C	code
\$149.24	525 20th St	
Expenditure from corporate funds	San Francisco, CA 94107-4345	
PURPOSE	(4) 0	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 663	Check if Austin, TX, officeholder living expense
		Payroll platform fees
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI		
Ī		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wa The Instruction Guide explains how to com	ges/Contract Labor OTHER (enter a category not listed above) plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/18 Rpt:	Annie's List	00053715
4 Date	5 Payee name	
03/05/2025	Gusto	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e
\$149.24	525 20th St	
Expenditure from corporate funds	San Francisco, CA 94107-4345	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payroll Platform Fees
		r dyron r iddonn r ees
9 Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht Office held
expenditure to benefit C/OI		onice neid
Date	Davies marris	
04/03/2025	Payee name	
	Gusto	
Amount (\$)	Payee address; City; State; Zip Cod	е
\$149.24	525 20th St	
Expenditure from		
corporate funds	San Francisco, CA 94107-4345	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Payroll platform fees
Opening the ONE Wife dispert	Oscalidate (Office hedden a second	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht Office held
Date	Payee name	
01/03/2025	Humana Inc.	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$128.95	PO Box 4612	
Expenditure from		
corporate funds	Carol Stream, IL 60197-4612	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	·	Check if Austin, TX, officeholder living expense
		Health insurance
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht Office held
SAPSAGRATO TO BOTTOTIC O/OI	•	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/18 Rpt:	Annie's List 00053715
4 Date	5 Payee name
02/03/2025	Humana Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$128.95	PO Box 4612
Funanditura from	
Expenditure from corporate funds	Carol Stream, IL 60197-4612
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Health insurance
	Health institutive
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	the state of the s
Dete	
Date	Payee name
04/03/2025	Humana Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$375.35	PO Box 4612
Expenditure from	
corporate funds	Carol Stream, IL 60197-4612
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Health insurance
	Health institutive
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Dete	
Date	Payee name
03/03/2025	Humana Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$31.79	PO Box 4612
Expenditure from	
corporate funds	Carol Stream, IL 60197-4612
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	insurance fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/18 Rpt:	Annie's List 00053715
4 Date	5 Payee name
01/28/2025	Intuit
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$105.53	2632 Marine Way
Expenditure from corporate funds	Mountain View, CA 94043-1126
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Accounting software fees
	7.000driting Sollware 1003
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/28/2025	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$105.53	2632 Marine Way
Expenditure from corporate funds	Mountain View, CA 94043-1126
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Accounting software fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/28/2025	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$105.53	2632 Marine Way
4100.00	2002 Maine Way
Expenditure from corporate funds	Mountain View, CA 94043-1126
-	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Accounting software fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/\	Vages	/Contract Labor		OTHER (enter a	category not listed above)	
		The Instruction Guid	e explains how to co	mple	ete this form.	_			
1 Total pages Schedule F1:	2 FILER NAME	<u> </u>				3	Filer ID	(Ethics Commission File	ers)
Sch: 12/18 Rpt:	Annie's List						00053715		
4 Date	5 Payee name								
01/03/2025	NGP VAN I	nc.							
6 Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
\$2,053.21	1445 New \	ork Ave NW							
	Ste 200								
Expenditure from corporate funds	Washingtor	, DC 20005-2158							
8 PURPOSE	(a) Category (S	ee Categories listed at the t	top of this schedule)	(b)	Description				
OF EXPENDITURE	Office Over	head/Rental Expe	nse					plete Schedule T.	
							officeholder living	g expense	
					Database sof	LVVč	are		
9 Complete ONLY if direct	Candidata/Offi	ceholder name	Office sou	ıaht			Office he	ald	
expenditure to benefit C/O		cenoider name	Office Soc	igni			Office fi	eiu	
Date	Payee name								
02/06/2025	NGP VAN I	no							
Amount (\$)	Payee addre		State; Zip Co	ode					
\$2,053.21	1445 New \	ork Ave NW							
Expenditure from	Ste 200								
corporate funds	Washingtor	, DC 20005-2158							
PURPOSE	(a) Category (S	ee Categories listed at the t	top of this schedule)	(b)	Description				
OF EXPENDITURE		head/Rental Expe			<u></u>			plete Schedule T.	
EXI ENDITORE					_		officeholder living	g expense	
					Database sof	twa	are		
0 1 0 0 1 0 0 1 0 0 1			0.00	L			0.00		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office sou	ignt			Office h	eia	
Date	Payee name								
03/05/2025	NGP VAN I	nc.							
Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
\$2,053.21	1445 New \	ork Ave NW							
	Ste 200								
Expenditure from corporate funds	Washingtor	, DC 20005-2158							
PURPOSE	(a) Category (S	ee Categories listed at the t	top of this schedule)	(b)	Description				
OF EXPENDITURE	I	head/Rental Expe				outsi	de of Texas. Com	plete Schedule T.	
EXPENDITURE		·			_		officeholder living	g expense	
					Database sof	twa	are		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office sou	ıght			Office h	eld	
experiorare to benefit C/OI	<u> </u>								
						_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/18 Rpt:	Annie's List 00053715
-	
4 Date	5 Payee name
04/03/2025	NGP VAN Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,053.21	1445 New York Ave NW
•	Ste 200
Expenditure from	
corporate funds	Washington, DC 20005-2158
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Database software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	n
Date	Payee name
01/02/2025	Numero
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	
\$750.00	200 Spectrum Center Dr
Expenditure from	Ste 300
corporate funds	Irvine, CA 92618-5004
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Solicitation/Fundraising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
02/03/2025	Numero
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	200 Spectrum Center Dr
	Ste 300
Expenditure from corporate funds	Irvine, CA 92618-5004
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/18 Rpt:	Annie's List 00053715
-	
	5 Payee name
03/03/2025	Numero
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$750.00	200 Spectrum Center Dr
Expenditure from	Ste 300
corporate funds	Irvine, CA 92618-5004
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
LA LABITORL	Check if Austin, TX, officeholder living expense
	Fundraising software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit even	
Date	Payee name
04/02/2025	Numero
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	200 Spectrum Center Dr
	Ste 300
Expenditure from corporate funds	Irvine, CA 92618-5004
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/12/2025	Prosperity Bank
Amount (\$)	Payee address; City; State; Zip Code
\$1,938.00	PO Box 660525
Ψ1,300.00	1.0.000.000.00
Expenditure from	Dellag TV 75200 0525
corporate funds	Dallas, TX 75266-0525
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card payment
	3.5a., 5a. a pay5
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	· ·	Salaries/Wage e explains how to compl	s/Contract Labor OTHER (enter a category not listed above) ete 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	7 Payee address; City; PO Box 660525	State; Zip Code	
Expenditure from corporate funds	Dallas, TX 75266-0525		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Credit Card Payment	op of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
02/05/2025	Prosperity Bank		
Amount (\$) \$7,000.00	Payee address; City; PO Box 660525	State; Zip Code	
Expenditure from corporate funds	Dallas, TX 75266-0525		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Credit Card Payment	op of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
01/08/2025	Susan Harry Consulting		
Amount (\$) \$750.00	Payee address; City; PO Box 301074	State; Zip Code	
Expenditure from corporate funds	Austin, TX 78703-0018		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Consulting Expense	op of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Compliance consulting
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 16/18 Rpt:	Annie's List 00053715	
4 Date	5 Payee name	
01/08/2025	Susan Harry Consulting	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$750.00	PO Box 301074	
Expenditure from corporate funds	Austin, TX 78703-0018	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Compliance consulting	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
Date	Payee name	=
01/08/2025	Susan Harry Consulting	
Amount (\$)	Payee address; City; State; Zip Code	_
\$750.00	PO Box 301074	
,		
Expenditure from corporate funds	Austin, TX 78703-0018	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Compliance consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	=
02/20/2025	Susan Harry Consulting	
Amount (\$)	Payee address; City; State; Zip Code	_
\$750.00	PO Box 301074	
Ψ130.00	1 O Box 301074	
Expenditure from corporate funds	Austin, TX 78703-0018	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Compliance consulting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/18 Rpt:	Annie's List 00053715
4 Date	5 Payee name
03/12/2025	United HealthCare
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,099.40	1250 S Capital of Texas Hwy
	Bldg 1
Expenditure from corporate funds	West Lake Hills, TX 78746-6446
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Health insurance
	Tiodal modalis
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/10/2025	United HealthCare
Amount (\$)	Payee address; City; State; Zip Code
\$6,198.80	1250 S Capital of Texas Hwy
	Bldg 1
Expenditure from corporate funds	West Lake Hills, TX 78746-6446
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Health insurance
	ricular modratioe
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Annie's List Sch: 1/1 Rpt: 110/131 00053715 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 04/23/2025 Blue Scout Digital Amount (\$) Payee address; State; Zip Code \$1,400.00 2505 Royal Birkdale Dr Expenditure from Plano, TX 75025-5067 corporate funds TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Digital consulting (\$250 in-kind / \$500 Direct Expenditure to Gina Ortiz Jones Campaign,) 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Ortiz Jones, Gina (The Honorable) Mayor of San Antonio

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a catego	ry not listed at	pove)	
1 Total pages Schedule F4:	2 FILER NAME	-		3 Filer ID (Ethi	ics Commiss	sion Filers)	
Sch: 1/21 Rpt:	Annie's List			00053715		,	
4 CREDIT CARD ISSUER		ncial institution rity Bank	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	\$ 338.33		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from corporate funds	\$358.58	03/01/2025					
7 PAYEE	(a) Payee name Drawn to Life		(b) Payee address; unknown	City,	State,	Zip Code	
	() 0 :		unknown, TX 11111				
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top fraudulent charge	of this schedule)	(b) Description Fraudulent charge made to credit card. Seeking credi				
X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	pense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$64.94	(b) Date of Charge 03/31/2025	(c) Date(s) Credit Card Issue 04/03/2025	r Paid			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Adobe Systems Inc.		345 Park Ave				
			San Jose, CA 95110-270	4			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Software				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$250.51	(b) Date of Charge 01/06/2025	(c) Date(s) Credit Card Issue 02/11/2025	r Paid			
PAYEE	(a) Payee name Intuit		(b) Payee address; 2632 Marine Way	City,	State,	Zip Code	
			Mountain View, CA 94043	3-1126			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Accounting/Banking	of this schedule)	(b) Description Accounting software fees				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

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

		Tuction Guide explains nov	v to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commis	sion Filers)	
Sch: 2/21 Rpt:	Annie's List			00053715			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDICARD	\$	\$ 338.33		
6 PAYMENT 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; 2632 Marine Way Mountain View, CA 9404	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Accounting/Banking	of this schedule)	(b) Description Accounting software fee				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living ex	pense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	Office sought Office held				
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$250.51	(b) Date of Charge 03/06/2025	(c) Date(s) Credit Card Issu 04/03/2025	er Paid			
PAYEE	(a) Payee name Intuit		(b) Payee address; 2632 Marine Way Mountain View, CA 9404	City, 13-1126	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Accounting/Banking	of this schedule)	(b) Description Accounting software fee				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce sought	Office held			
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$306.97	(b) Date of Charge 01/09/2025	(c) Date(s) Credit Card Issu 02/11/2025	er Paid			
PAYEE	(a) Payee name United Airlines		(b) Payee address; 233 S Wacker Dr Chicago, IL 60606-7147	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Airfare				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		X, officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce sought	Office held			
Ī							

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

	The Insti	ruction Guide explains how	to complete thi	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 3/21 Rpt:	Annie's List				00053715		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$ 338.33		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	Paid		
Expenditure from corporate funds	\$455.16	03/03/2025	04/03/202	5			
7 PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
	United Airlines		233 S Wad	cker Dr			
				_ 60606-7147			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description	on			
X Political	Travel In District	or this scriedule)	Airfare				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid		
Expenditure from corporate funds	\$22.99	01/09/2025	02/11/202	0			
PAYEE	(a) Payee name	•	(b) Payee ac	ddress;	City,	State,	Zip Code
	United Airlines		233 S Wacker Dr				
				_ 60606-7147			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	on			
X Political	Fees	· · · · · · · · · · · · · · · · · · ·	Amme ree				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH			_				
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid		
Expenditure from corporate funds	\$22.99	01/09/2025	02/11/2025	0			
PAYEE	(a) Payee name	•	(b) Payee ac	ddress;	City,	State,	Zip Code
	Linited Airlines		233 S Wad	ker Dr			
	United Airlines						
				_ 60606-7147			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	on			
l <u> </u>	Fees	or this scriedale)	Airline fee				
X Political							
Non-Political	(1)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 4/21 Rpt:	Annie's List			00053715			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	\$ 338.33		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from corporate funds	\$40.00	01/22/2025	02/11/2025				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	United Airlines		233 S Wacker Dr				
			Chicago, IL 60606-7147				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description				
X Political	Fees	of this scriedule)	Airline fee				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense		
9 Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from corporate funds	\$280.00	01/16/2025	02/11/2025				
PAYEE	(a) Payee name	•	(b) Payee address;	State,	Zip Code		
	Vanlana		6310 Lemmon Ave				
	Vonlane		Ste 125				
			Dallas, TX 75209-5812				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
l <u>—</u>	Travel In District	or and contouring	bus fare				
X Political							
Non-Political	\(\frac{1}{2}\) \(\frac{1}{2}\)	of Texas. Complete Schedule T.		, officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought	Office held			
expenditure to benefit C/OH		1	1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 02/11/2025	r Paid			
Expenditure from corporate funds	\$145.00	01/30/2025	02/11/2025				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Visite in		6310 Lemmon Ave				
	Vonlane		Ste 125				
			Dallas, TX 75209-5812				
PURPOSE OF	(a) Category	-fabric colonalists)	(b) Description				
EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	bus fare				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Offic	e sought	Office held			
	<u> </u>						

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

	The Inst	ruction Guide explains how	to complete thi	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 5/21 Rpt:	Annie's List				00053715		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$ 338.33		
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged \$145.00	(b) Date of Charge 02/27/2025	(c) Date(s) C 04/03/2025	Credit Card Issuer	Paid		
7 PAYEE	(a) Payee name Vonlane		(b) Payee ac 6310 Lemr Ste 125 Dallas, TX		City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description bus fare				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$1,514.42	(b) Date of Charge 03/15/2025	(c) Date(s) C 04/03/2025	Credit Card Issuer	· Paid		
PAYEE	(a) Payee name Apple		(b) Payee address; 1 Infinite Loop		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	Cupertino, CA 95014-2083 (b) Description Communications equipment				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	-	Office held		
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$350.00	(b) Date of Charge 01/07/2025	(c) Date(s) C 02/11/2025	Credit Card Issuer 5	Paid		
PAYEE	(a) Payee name America Votes		(b) Payee ac PO Box 33 Washingto		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description				
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officenoider/Politica	· ·	ruction Guide explains how		THER (enter a category i	not listed ad	ove)	
1 Total pages Schedule F4:		<u> </u>	<u> </u>	3 Filer ID (Ethics	Commiss	ion Filers)	
Sch: 6/21 Rpt:	Annie's List			00053715		,	
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	338.3	3	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from corporate funds	\$350.00	01/07/2025	02/11/2025				
7 PAYEE	(a) Payee name America Votes		(b) Payee address; PO Box 33516 Washington, DC 20033-0	City,	State,	Zip Code	
8 PURPOSE OF	(a) Category		(b) Description	310			
EXPENDITURE X Political	(See Categories listed at the top	of this schedule)	Conference attendance				
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$26.65	(b) Date of Charge 01/01/2025	(c) Date(s) Credit Card Issue 02/11/2025	r Paid			
PAYEE	(a) Payee name NGP VAN Inc.		(b) Payee address; 1445 New York Ave NW Ste 200 Washington, DC 20005-2	City,	State,	Zip Code	
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Database software				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exper	ıse		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from corporate funds	\$106.60	01/01/2025	02/11/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	NGP VAN Inc.		1445 New York Ave NW Ste 200 Washington, DC 20005-2	158			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Database software				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exper	ıse		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
l							

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 Instr	ruction Guide explains how	to complete thi	s form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 7/21 Rpt:	Annie's List				00053715		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$ 338.33		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	Paid		
Expenditure from corporate funds	\$391.77	02/05/2025	02/11/2025	5			
7 PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code
	NGP VAN Inc.		Ste 200	York Ave NW n, DC 20005-21	158		
8 PURPOSE OF	(a) Category		(b) Description	on			
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Database software				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	Paid		
Expenditure from corporate funds	\$26.65	02/05/2025	02/11/2025)			
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code
	NGP VAN Inc.		1445 New York Ave NW Ste 200		150		
DUDDOOF OF	(a) Catagony			n, DC 20005-21	158		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Database software				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	` '	redit Card Issuer	Paid		
Expenditure from corporate funds	\$783.54	02/25/2025	04/03/2025	5			
PAYEE	(a) Payee name	•	(b) Payee ad	ldress;	City,	State,	Zip Code
			1445 New	York Ave NW			
	NGP VAN Inc.		Ste 200				
			Washington	n, DC 20005-21	L58		
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Database s	software			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 8/21 Rpt:	Annie's List			00053715			
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED		220.1	20	
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREDIT CARD	\$ 338.33			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	.I r Paid			
Expenditure from corporate funds	\$223.86	03/02/2025	04/03/2025				
7 PAYEE	(a) Dayoo nama		(b) Payee address;	City,	State,	Zip Code	
/ TAILL	(a) Payee name		1445 New York Ave NW	City,	State,	Zip Code	
	NGP VAN Inc.		Ste 200	V			
			Washington, DC 20005-2	150			
8 PURPOSE OF	(a) Category		(b) Description	130			
EXPENDITURE	(See Categories listed at the top		Database software				
X Political	Office Overhead/Rent	tal Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense		
9 Complete ONLY if direct	Candidate/Officeholder		e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from	\$26.65	03/02/2025	04/03/2025				
corporate funds							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			1445 New York Ave NW				
	NGP VAN Inc.		Ste 200				
			Washington, DC 20005-22	158			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
l <u> </u>	Office Overhead/Rent		Database software				
X Political							
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.	<u> </u>	officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH		T # . =	1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuel 04/03/2025	r Paid			
Expenditure from corporate funds	\$391.77	03/02/2025	04/03/2023				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
TAILL	(a) Fayee name		1445 New York Ave NW	City,	State,	Zip Code	
	NGP VAN Inc.		Ste 200				
			Washington, DC 20005-2	150			
PURPOSE OF	(a) Category		(b) Description	130			
EXPENDITURE	(See Categories listed at the top	,	Database software				
X Political	Office Overhead/Rent	tal Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held			
expenditure to benefit C/OH			ŭ				
	l .						

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

	The Inst	ruction Guide explains how	to complete this	form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 9/21 Rpt:	Annie's List				00053715		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDIT	UNITEMIZED TURES TO A CREDIT	\$ 338.33		
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged \$491.22	(b) Date of Charge 01/04/2025	(c) Date(s) Cr 02/11/2025	edit Card Issuer	Paid		
7 PAYEE	(a) Payee name Google			dress; itheatre Pkwy iew, CA 94043	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descriptio	1001			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$81.14	(b) Date of Charge 01/04/2025	(c) Date(s) Cr 02/11/2025	edit Card Issuer	Paid		
PAYEE	(a) Payee name Google		(b) Payee address; 1600 Amphitheatre Pkwy Mountain View, CA 94043		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descriptio Email				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$370.87	(b) Date of Charge 01/24/2025	(c) Date(s) Cr 02/11/2025	edit Card Issuer	Paid		
PAYEE	(a) Payee name The Cosmopolitian of Las Vegas		(b) Payee address; City, State, Zip Code 3708 Boulevard Tower Las Vegas Level S 2 Las Vegas, NV 89109				Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descriptio Food	n			
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX, o	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica	-	ruction Guide explains how		THER (enter a category i	not listed at	pove)	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)	
Sch: 10/21 Rpt:	Annie's List			00053715			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	338.3	33	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
Expenditure from corporate funds	\$150.00	01/01/2025	02/11/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Numero		200 Spectrum Center Dr				
	Numero		Ste 300				
			Irvine, CA 92618-5004				
8 PURPOSE OF	(a) Category	of this schodule)	(b) Description				
EXPENDITURE	(See Categories listed at the top Solicitation/Fundraisin		Fundraising software				
X Political	Gonorica.co., and	ig Expones					
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exper	nse		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
Expenditure from corporate funds	\$750.00	01/12/2025	02/11/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	CallTime.AI		2627 E College Ave				
			Visalia, CA 93292-3205				
PURPOSE OF	(a) Category	60 to observation	(b) Description				
EXPENDITURE	(See Categories listed at the top Solicitation/Fundraisin		Fundraising software				
X Political	Gonorica State Sta	Ig Experies					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exper	nse		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
Expenditure from corporate funds	\$50.00	01/13/2025	02/11/2025				
PAYEE	(a) Payee name	-	(b) Payee address;	City,	State,	Zip Code	
			200 Spectrum Center Dr				
	Numero		Ste 300				
			Irvine, CA 92618-5004				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Solicitation/Fundraisin		Fundraising software				
X Political	Solicitation/Fariataisii	ig Experise					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exper	nse		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
	-						

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

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)
Sch: 11/21 Rpt:	Annie's List				00053715		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$ 338.33		33
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
Expenditure from corporate funds	\$50.00	02/07/2025	02/11/202	5			
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Numero		Ste 300	rum Center Dr 92618-5004			
8 PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE X Political	(See Categories listed at the top Solicitation/Fundraisir		Fundraising software				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
Expenditure from corporate funds	\$50.00	03/01/2025	04/03/202	5			
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	Numero	200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004					
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE X Political	(See Categories listed at the top Solicitation/Fundraisir			ig software			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH							
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$150.00	(b) Date of Charge 03/01/2025	(c) Date(s) 0 04/03/202	Credit Card Issuer 5	Paid		
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
				rum Center Dr			·
	Numero		Ste 300				
			Irvine, CA	92618-5004			
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE	(See Categories listed at the top		Fundraisin	ig software			
X Political	Solicitation/Fundraisir	ig Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
expenditure to benefit C/OH							
I							

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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics	Commiss	sion Filers)		
Sch: 12/21 Rpt:	Annie's List			00053715		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	338.3	33
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
Expenditure from corporate funds	\$150.00	03/01/2025	04/03/2025			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Numero		200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE X Political	(See Categories listed at the top Solicitation/Fundraisir	· · · · · · · · · · · · · · · · · · ·	Fundraising software			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ıse	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
Expenditure from corporate funds	\$750.00	03/12/2025	04/03/2025			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Call Time.Al		2627 E College Ave			
			Visalia, CA 93292-3205			
PURPOSE OF	(a) Category	of this sahadula)	(b) Description			
EXPENDITURE X Political	(See Categories listed at the top Solicitation/Fundraisir		Fundraising software			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ıse	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
Expenditure from corporate funds	\$1,279.26	01/13/2025	02/11/2025			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			5252 Westchester St			
	J. Archer Insurance	e Group	Ste 260			
			Houston, TX 77005-4141			
PURPOSE OF	(a) Category	-f.th-i . - \	(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	Insurance			
X Political		I				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ıse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
				_		

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

The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)					
Sch: 13/21 Rpt:	Annie's List				00053715					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	338.3	33			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
Expenditure from corporate funds	\$170.01	01/31/2025	02/11/202	5						
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
	Prosperity Bank		PO Box 66	60525						
				75266-0525						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti							
X Political	Fees	or this soriedule)	interest ch	arges						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
Expenditure from corporate funds	\$173.70	02/28/2025	04/03/202	5						
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code			
	Prosperity Bank		PO Box 66	60525						
			Dallas, TX	75266-0525						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti interest ch							
X Political	1 003									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH		-								
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
Expenditure from corporate funds	\$230.24	03/31/2025	04/03/202	5						
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code			
	Drooperity Book		PO Box 66	60525						
	Prosperity Bank									
				75266-0525						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti							
l <u> </u>	Fees		interest ch	arges						
X Political										
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										

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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 14/21 Rpt:	Annie's List				00053715		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	338.3	33
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	Expenditure from corporate funds	\$300.18	01/13/2025	02/11/2025				
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Zoom VIdeo Comm	nunications	55 Almaden Blvd Ste 600 San Jose, CA 95113-1612				
8	PURPOSE OF	(a) Category		(b) Descrip	otion			
	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		meeting :	software			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	. , ,	Credit Card Issue	r Paid		
	Expenditure from corporate funds	\$5.00	01/17/2025	02/11/20	25			
	PAYEE	(a) Payee name		(b) Payee	State,	Zip Code		
		Lyft		548 Market St				
L				San Fran	ncisco, CA 94104	-5401		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Travel In District	or this soriedule)	ride shar	e			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
	Expenditure from corporate funds	\$13.46	01/18/2025	02/11/20	25			
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
l		1.764		548 Mark	ket St			
		Lyft						
L					ncisco, CA 94104	-5401		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Travel In District	· · · · · · · · · · · · · · · · · · ·	ride shar	E			
	X Political							
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							
ı								

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

	The Insti	ruction Guide explains how	to complete this	form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 15/21 Rpt:	Annie's List				00053715		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDIT CHARGED CARD		\$ 338.33		33
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged \$9.24	(b) Date of Charge 01/19/2025	(c) Date(s) Cro 02/11/2025	edit Card Issuer	Paid		
7 PAYEE	(a) Payee name		(b) Payee address; City, State, 548 Market St				Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	San Francis (b) Description ride share	-5401			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	Candidate/Officeholder name Office sought			Office held		
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$47.99	(b) Date of Charge 01/23/2025	(c) Date(s) Cr 02/11/2025	edit Card Issuer	Paid		
PAYEE	(a) Payee name Lyft		(b) Payee address; City, 548 Market St San Francisco, CA 94104-5401			State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description ride share		0401		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$34.72	(b) Date of Charge 01/23/2025	(c) Date(s) Cro 02/11/2025	edit Card Issuer	Paid		
PAYEE	(a) Payee name Lyft		(b) Payee add 548 Market		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description ride share				
Non-Political	(*)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Oniceriolaen/Folitica		ruction Guide explains how	•	THER (effici a category i	iot iisteu at	ove	
1 Total pages Schedule F4:	2 FILER NAME	-		3 Filer ID (Ethics	Commiss	ion Filers)	
Sch: 16/21 Rpt:	Annie's List			00053715			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	338.3	3	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
Expenditure from corporate funds	\$32.74	01/24/2025	02/11/2025				
7 PAYEE	(a) Payee name Lyft		(b) Payee address; 548 Market St	City,	State,	Zip Code	
8 PURPOSE OF	(a) Category		San Francisco, CA 94104- (b) Description	-5401			
EXPENDITURE X Political	(See Categories listed at the top Travel In District	of this schedule)	ride share				
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, T			officeholder living expen	ise		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held			
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$70.47	(b) Date of Charge 01/27/2025	(c) Date(s) Credit Card Issuer 02/11/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Lyft						
DUDDOCE OF	(a) Catagony		San Francisco, CA 94104- (b) Description	-5401			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	ride share				
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	ıse		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$64.94	(b) Date of Charge 01/01/2025	(c) Date(s) Credit Card Issuer 02/11/2025	Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Adobe Systems Inc	÷.	345 Park Ave				
PURPOSE OF	(a) Category		San Jose, CA 95110-2704 (b) Description	<u>+</u>			
EXPENDITURE	(See Categories listed at the top		Software				
X Political	Office Overhead/Rent	al Expense					
Non-Political	(*) –	of Texas. Complete Schedule T.	<u> </u>	officeholder living expen	ise		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
l							

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Onicendiden/Folitica	Ü	ruction Guide explains how	•	THEN (enter a category	y not listed a	bove)	
1 Total pages Schedule F4:		·	<u> </u>	3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 17/21 Rpt:	Annie's List			00053715		,	
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	338.3	33	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from corporate funds	\$69.29	01/07/2025	02/11/2025				
7 PAYEE	(a) Payee name DocuSign		(b) Payee address; 303 W 15th St	City,	State,	Zip Code	
0. PURPOSE OF	(a) Catagon;		Austin, TX 78701-1622 (b) Description				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Software				
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living expe	ense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
· .	(a) Amount Charged	(h) Data of Charge	(a) Data(a) Cradit Card Issue	r Doid			
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$171.64	(b) Date of Charge 01/24/2025	(c) Date(s) Credit Card Issue 02/11/2025	rPalu			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Boardable		6219 Guilford Ave				
			Indianapolis, IN 46220-30	90			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Software				
Non-Political	(a)	of Towns Committee Coloradule T	Observativity Asserting TV	-#			
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living expe	ense		
expenditure to benefit C/OH	Canadate/Oniceriolaer	That Office	c 3ought	Office field			
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$143.80	(b) Date of Charge 01/29/2025	(c) Date(s) Credit Card Issue 02/11/2025	r Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Asana		1550 Bryant St Ste 200 San Francisco, CA 94103	3-4853			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Software				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

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

The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)					
Sch: 18/21 Rpt:	Annie's List				00053715					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	338.3	33			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
Expenditure from corporate funds	\$64.94	02/01/2025	02/11/202	5						
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
	Adobe Systems Inc).	345 Park <i>A</i>							
	() 2 :			CA 95110-2704	1					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti Software	ion						
X Political	Office Overhead/Rent		Software							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0 02/11/202	Credit Card Issuer	Paid					
Expenditure from corporate funds	\$69.29	02/07/2025	02/11/202	5						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
	DocuSign		303 W 15t	h St						
				78701-1622						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Descripti	ion						
X Political	Office Overhead/Rent	•	Software							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
Expenditure from corporate funds	\$171.64	02/25/2025	04/03/202	5						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
	Da a vela la la		6219 Guilf	ord Ave						
	Boardable									
			· -	is, IN 46220-309	90					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	ion						
l <u> </u>	Office Overhead/Rent		Software							
X Political										
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										

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

The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)					
Sch: 19/21 Rpt:	Annie's List				00053715					
4 CREDIT CARD	Name of final	ncial institution	OF UNITEMIZED							
ISSUER	see p	revious		DITURES ED TO A CREDIT	T 338.33		33			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
Expenditure from corporate funds	\$64.94	03/01/2025	04/03/202	25						
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code			
	Adobe Systems Inc).	345 Park							
				, CA 95110-2704	1					
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this sahadula)	(b) Descrip	tion						
EXPENDITURE X Political	Office Overhead/Reni		Software							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living exp	ense				
9 Complete ONLY if direct Candidate/Officeholder name Office sough					Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
Expenditure from corporate funds	\$143.80	03/01/2025	04/03/202	25						
PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code			
	1550 Bryant St									
	Asana		Ste 200							
				cisco, CA 94103	-4853					
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Descrip	tion						
EXPENDITURE	Office Overhead/Ren		Software							
X Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
Expenditure from corporate funds	\$69.29	03/07/2025	04/03/202	25						
PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code			
	D O'		303 W 15	th St						
	DocuSign									
				78701-1622						
PURPOSE OF	(a) Category	of this cahadula)	(b) Descrip	tion						
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Software							
X Political		<u> </u>	<u> </u>							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held					
expenditure to benefit C/OH										
	·			-	·					

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

	The mat	duction Guide explains nov	v to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 20/21 Rpt:	Annie's List			00053715		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	\$ 338.33	
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged \$309.53	(b) Date of Charge 01/09/2025	(c) Date(s) Credit Card Issuer 02/11/2025	r Paid		
7 PAYEE	(a) Payee name Palms Place Hotel		(b) Payee address; 4381 W Flamingo Rd Las Vegas, NV 89103-390	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	(b) Description sted at the top of this schedule) Staff lodging				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce sought	Office held		
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$460.32	(b) Date of Charge 01/25/2025	(c) Date(s) Credit Card Issuer 02/11/2025	r Paid		
PAYEE	(a) Payee name Palms Place Hotel		(b) Payee address; 4381 W Flamingo Rd Las Vegas, NV 89103-390	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Staff lodging			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce sought	Office held		
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$662.35	(b) Date of Charge 01/04/2025	(c) Date(s) Credit Card Issuer 02/11/2025	r Paid		
PAYEE	(a) Payee name Taskforce	1	(b) Payee address; 1050 Connecticut Ave NW Ste 65500 Washington, DC 20036-53		State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Description Staff training and develop	ment		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce sought	Office held		
I						

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

The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)			
Sch: 21/21 Rpt:	Annie's List				00053715					
4 CREDIT CARD ISSUER	Name of financial institution see previous See previous See previous See previous CHARGED TO A CREDIT CARD				\$	338.3	33			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid					
Expenditure from corporate funds	\$199.00	01/12/2025	02/11/202	5						
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
	CubeSmart		1411 W 5t							
				78703-5103						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	ion						
X Political	Office Overhead/Rent		Storage							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
Expenditure from corporate funds	\$241.13	02/26/2025	04/03/202	5						
PAYEE	YEE (a) Payee name (b) Payee address;			City,	State,	Zip Code				
	CubeSmart		1411 W 5t	h St						
			Austin, TX	78703-5103						
PURPOSE OF	(a) Category		(b) Descript	ion						
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Storage							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	· Paid					
Expenditure from corporate funds	\$199.00	03/12/2025	04/03/202	5						
PAYEE	(a) Payee name	L	(b) Payee a	ddress;	City,	State,	Zip Code			
			1411 W 5t	h St						
	CubeSmart									
			Austin, TX	78703-5103						
PURPOSE OF	(a) Category	(d): 1 11 X	(b) Descript	ion						
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	*	Storage							
X Political										
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										