

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00082985	2 Total pages filed: 158
3 COMMITTEE NAME Cambio Texas PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 135 Paseo Del Prado, STE 62 Edinburg, TX 78539		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Abel I. NICKNAME LAST SUFFIX Prado		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 135 Paseo Del Prado Ste. 62 Edinburg, TX 78537		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 135 Paseo Del Prado Ste. 62 Edinburg, TX 78537		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 330-7552		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 01/01/2025 THROUGH Month Day Year 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Cambio Texas PAC		13 Filer ID (Ethics Commission Filers) 00082985
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,774.64
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,112.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,060.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p style="text-align: right;">Abel I. Prado _____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>		

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 158

17 COMMITTEE NAME Cambio Texas PAC		18 Filer ID (Ethics Commission Filers) 00082985
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,774.64
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 14,112.14
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/115 Rpt: 4/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abarca, Onofre Antonio <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94601	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abarca, Onofre Antonio <hr/> Contributor address; City; State; Zip Code Oakland, CA 94601	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Kara <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Cvent
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Kara <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Cvent
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Kara <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Cvent

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/115 Rpt: 5/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Kara <hr/> 6 Contributor address; City; State; Zip Code Tulsa, OK 74105	7 Amount of Contribution (\$) \$1.43
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) Cvent
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Kara <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Cvent
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Kara <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Cvent
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/115 Rpt: 6/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric 6 Contributor address; City; State; Zip Code Seattle, WA 98103	7 Amount of Contribution (\$) \$2.78
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/115 Rpt: 7/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric 6 Contributor address; City; State; Zip Code Seattle, WA 98103	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/115 Rpt: 8/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnzen, Mauna <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94104	7 Amount of Contribution (\$) \$3.88
8 Principal occupation / Job title (See Instructions) accountant		9 Employer (See Instructions) Tarlson & Associates
Date 01/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballantine, Alistair <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Spotify
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballantine, Alistair <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Spotify
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballantine, Alistair <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Spotify
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballantine, Alistair <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Spotify

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/115 Rpt: 9/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 05/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballantine, Alistair 6 Contributor address; City; State; Zip Code Brooklyn, NY 11201	7 Amount of Contribution (\$) \$2.78
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Spotify
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballantine, Alistair Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Spotify
Date 01/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Chris Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$5.04
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Chris Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$5.04
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Chris Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$5.04
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/115 Rpt: 10/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Chris <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757	7 Amount of Contribution (\$) \$5.04
8 Principal occupation / Job title (See Instructions) Author		9 Employer (See Instructions) Self
Date 05/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Chris <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$5.04
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Chris <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$5.04
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baugus, Justin <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85037	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Audio Video Lights Production		Employer (See Instructions) Christ's Church of the Valley
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Kathryn <hr/> Contributor address; City; State; Zip Code Chicago, IL 60610	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Public Health Nutrition		Employer (See Instructions) Illinois Public Health Institute

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/115 Rpt: 11/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Kathryn <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60610	7 Amount of Contribution (\$) \$1.25
8 Principal occupation / Job title (See Instructions) Public Health Nutrition		9 Employer (See Instructions) Illinois Public Health Institute
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Kathryn <hr/> Contributor address; City; State; Zip Code Chicago, IL 60610	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Public Health Nutrition		Employer (See Instructions) Illinois Public Health Institute
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Kathryn <hr/> Contributor address; City; State; Zip Code Chicago, IL 60610	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Public Health Nutrition		Employer (See Instructions) Illinois Public Health Institute
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Kathryn <hr/> Contributor address; City; State; Zip Code Chicago, IL 60610	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Public Health Nutrition		Employer (See Instructions) Illinois Public Health Institute
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Kathryn <hr/> Contributor address; City; State; Zip Code Chicago, IL 60610	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Public Health Nutrition		Employer (See Instructions) Illinois Public Health Institute

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/115 Rpt: 12/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanchard, Heather <hr/> 6 Contributor address; City; State; Zip Code Abington, MA 02351	7 Amount of Contribution (\$) \$2.78
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Your Part-Time Controller
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanchard, Heather <hr/> Contributor address; City; State; Zip Code Abington, MA 02351	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Your Part-Time Controller
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanchard, Heather <hr/> Contributor address; City; State; Zip Code Abington, MA 02351	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Your Part-Time Controller
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanchard, Heather <hr/> Contributor address; City; State; Zip Code Abington, MA 02351	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Your Part-Time Controller
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanchard, Heather <hr/> Contributor address; City; State; Zip Code Abington, MA 02351	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Your Part-Time Controller

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/115 Rpt: 13/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitenbuecher, David <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94117	7 Amount of Contribution (\$) \$1.25
8 Principal occupation / Job title (See Instructions) Software developer		9 Employer (See Instructions) Farmers Business Network
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitenbuecher, David <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions) Farmers Business Network
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitenbuecher, David <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions) Farmers Business Network
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitenbuecher, David <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions) Farmers Business Network
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitenbuecher, David <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions) Farmers Business Network

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/115 Rpt: 14/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitenbuecher, David <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94117	7 Amount of Contribution (\$) \$1.25
8 Principal occupation / Job title (See Instructions) Software developer		9 Employer (See Instructions) Farmers Business Network
Date 01/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Suzanna <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Suzanna <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Suzanna <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Suzanna <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/115 Rpt: 15/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 05/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Suzanna 6 Contributor address; City; State; Zip Code Dallas, TX 75230	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Suzanna Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brubaker, Kenneth Contributor address; City; State; Zip Code White Settlement, TX 76108	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Material Handler		Employer (See Instructions) Ryder
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brubaker, Kenneth Contributor address; City; State; Zip Code White Settlement, TX 76108	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Material Handler		Employer (See Instructions) Ryder
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brubaker, Kenneth Contributor address; City; State; Zip Code White Settlement, TX 76108	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Material Handler		Employer (See Instructions) Ryder

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/115 Rpt: 16/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brubaker, Kenneth <hr/> 6 Contributor address; City; State; Zip Code White Settlement, TX 76108	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Material Handler		9 Employer (See Instructions) Ryder
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brubaker, Kenneth <hr/> Contributor address; City; State; Zip Code White Settlement, TX 76108	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Material Handler		Employer (See Instructions) Ryder
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brubaker, Kenneth <hr/> Contributor address; City; State; Zip Code White Settlement, TX 76108	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Material Handler		Employer (See Instructions) Ryder
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Frances <hr/> Contributor address; City; State; Zip Code berkeley, CA 94707	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Frances <hr/> Contributor address; City; State; Zip Code berkeley, CA 94707	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/115 Rpt: 17/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Frances <hr/> 6 Contributor address; City; State; Zip Code berkeley, CA 94707	7 Amount of Contribution (\$) <div style="text-align: right;">\$1.88</div>
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Frances <hr/> Contributor address; City; State; Zip Code berkeley, CA 94707	Amount of Contribution (\$) <div style="text-align: right;">\$1.88</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Frances <hr/> Contributor address; City; State; Zip Code berkeley, CA 94707	Amount of Contribution (\$) <div style="text-align: right;">\$1.88</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Frances <hr/> Contributor address; City; State; Zip Code berkeley, CA 94707	Amount of Contribution (\$) <div style="text-align: right;">\$1.88</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily <hr/> Contributor address; City; State; Zip Code Nashville, TN 37206	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bass Berry & Sims

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/115 Rpt: 18/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily 6 Contributor address; City; State; Zip Code Nashville, TN 37206	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Bass Berry & Sims
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily Contributor address; City; State; Zip Code Nashville, TN 37206	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bass Berry & Sims
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily Contributor address; City; State; Zip Code Nashville, TN 37206	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bass Berry & Sims
Date 05/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily Contributor address; City; State; Zip Code Nashville, TN 37206	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bass Berry & Sims
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily Contributor address; City; State; Zip Code Nashville, TN 37206	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bass Berry & Sims

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/115 Rpt: 19/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butlin, Augusta <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98105	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Biz+dev		9 Employer (See Instructions) Valve
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byers, Connor <hr/> Contributor address; City; State; Zip Code Woodinville, WA 98072	Amount of Contribution (\$) \$2.22
Principal occupation / Job title (See Instructions) AP Clerk		Employer (See Instructions) Manson Construction Co.
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byers, Connor <hr/> Contributor address; City; State; Zip Code Woodinville, WA 98072	Amount of Contribution (\$) \$2.22
Principal occupation / Job title (See Instructions) AP Clerk		Employer (See Instructions) Manson Construction Co.
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byers, Connor <hr/> Contributor address; City; State; Zip Code Woodinville, WA 98072	Amount of Contribution (\$) \$2.22
Principal occupation / Job title (See Instructions) AP Clerk		Employer (See Instructions) Manson Construction Co.
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byers, Connor <hr/> Contributor address; City; State; Zip Code Woodinville, WA 98072	Amount of Contribution (\$) \$2.22
Principal occupation / Job title (See Instructions) AP Clerk		Employer (See Instructions) Manson Construction Co.

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/115 Rpt: 20/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 05/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byers, Connor <hr/> 6 Contributor address; City; State; Zip Code Woodinville, WA 98072	7 Amount of Contribution (\$) \$2.22
8 Principal occupation / Job title (See Instructions) AP Clerk		9 Employer (See Instructions) Manson Construction Co.
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byers, Connor <hr/> Contributor address; City; State; Zip Code Woodinville, WA 98072	Amount of Contribution (\$) \$2.22
Principal occupation / Job title (See Instructions) AP Clerk		Employer (See Instructions) Manson Construction Co.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C Burns, Delia <hr/> Contributor address; City; State; Zip Code Pleasanton, CA 94566	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) United Nations
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C Burns, Delia <hr/> Contributor address; City; State; Zip Code Pleasanton, CA 94566	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) United Nations
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casarez, Ruth <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/115 Rpt: 21/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cederblom, Adam <hr/> 6 Contributor address; City; State; Zip Code Fair Oaks, CA 95628	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Civil servant		9 Employer (See Instructions) Franchise Tax Board
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cederblom, Adam <hr/> Contributor address; City; State; Zip Code Fair Oaks, CA 95628	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Civil servant		Employer (See Instructions) Franchise Tax Board
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cederblom, Adam <hr/> Contributor address; City; State; Zip Code Fair Oaks, CA 95628	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Civil servant		Employer (See Instructions) Franchise Tax Board
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cederblom, Adam <hr/> Contributor address; City; State; Zip Code Fair Oaks, CA 95628	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Civil servant		Employer (See Instructions) Franchise Tax Board
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cederblom, Adam <hr/> Contributor address; City; State; Zip Code Fair Oaks, CA 95628	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Civil servant		Employer (See Instructions) Franchise Tax Board

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/115 Rpt: 22/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cederblom, Adam <hr/> 6 Contributor address; City; State; Zip Code Fair Oaks, CA 95628	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Civil servant		9 Employer (See Instructions) Franchise Tax Board
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Barbara <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Non Profit		Employer (See Instructions) JCFS
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Barbara <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Non Profit		Employer (See Instructions) JCFS
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Barbara <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Non Profit		Employer (See Instructions) JCFS
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Barbara <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Non Profit		Employer (See Instructions) JCFS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/115 Rpt: 23/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 05/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Barbara <hr/> 6 Contributor address; City; State; Zip Code Deerfield, IL 60015	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Non Profit		9 Employer (See Instructions) JCFS
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Barbara <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Non Profit		Employer (See Instructions) JCFS
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase Jr, Theodore <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase Jr, Theodore <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase Jr, Theodore <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/115 Rpt: 24/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clive, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48103	7 Amount of Contribution (\$) \$1.25
8 Principal occupation / Job title (See Instructions) Research		9 Employer (See Instructions) Department of Veterans Affairs
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clive, Rebecca <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) Department of Veterans Affairs
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clive, Rebecca <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) Department of Veterans Affairs
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clive, Rebecca <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) Department of Veterans Affairs
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clive, Rebecca <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) Department of Veterans Affairs

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/115 Rpt: 25/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clive, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48103	7 Amount of Contribution (\$) \$1.25
8 Principal occupation / Job title (See Instructions) Research		9 Employer (See Instructions) Department of Veterans Affairs
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Tyler <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Urban Machine
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Tyler <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Urban Machine
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Tyler <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Urban Machine
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Tyler <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Urban Machine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/115 Rpt: 26/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 05/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Tyler <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94618	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Urban Machine
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Tyler <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Urban Machine
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conatser, Jo&Charles <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79411	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conatser, Jo&Charles <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79411	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code Austin TX, TX 78746-4115	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) researcher		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/115 Rpt: 27/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> 6 Contributor address; City; State; Zip Code Austin TX, TX 78746-4115	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) researcher		9 Employer (See Instructions) Self
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copeland, Harold <hr/> Contributor address; City; State; Zip Code Houston, TX 77263	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotner, Adam <hr/> Contributor address; City; State; Zip Code Columbus, OH 43215	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Software Engineering		Employer (See Instructions) Fusion Alliance
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotner, Adam <hr/> Contributor address; City; State; Zip Code Columbus, OH 43215	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Software Engineering		Employer (See Instructions) Fusion Alliance
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotner, Adam <hr/> Contributor address; City; State; Zip Code Columbus, OH 43215	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Software Engineering		Employer (See Instructions) Fusion Alliance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/115 Rpt: 28/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotner, Adam <hr/> 6 Contributor address; City; State; Zip Code Columbus, OH 43215	7 Amount of Contribution (\$) \$3.13
8 Principal occupation / Job title (See Instructions) Software Engineering		9 Employer (See Instructions) Fusion Alliance
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotner, Adam <hr/> Contributor address; City; State; Zip Code Columbus, OH 43215	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Software Engineering		Employer (See Instructions) Fusion Alliance
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotner, Adam <hr/> Contributor address; City; State; Zip Code Columbus, OH 43215	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Software Engineering		Employer (See Instructions) Fusion Alliance
Date 01/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Carole <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Carole <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/115 Rpt: 29/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Carole <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Carole <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Carole <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Carole <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Sharon <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/115 Rpt: 30/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Sharon <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77098	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Caroline <hr/> Contributor address; City; State; Zip Code Dayville, CT 06241	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Caroline <hr/> Contributor address; City; State; Zip Code Dayville, CT 06241	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Caroline <hr/> Contributor address; City; State; Zip Code Dayville, CT 06241	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Caroline <hr/> Contributor address; City; State; Zip Code Dayville, CT 06241	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/115 Rpt: 31/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 05/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Caroline <hr/> 6 Contributor address; City; State; Zip Code Dayville, CT 06241	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Caroline <hr/> Contributor address; City; State; Zip Code Dayville, CT 06241	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donath, Jeff <hr/> Contributor address; City; State; Zip Code Walnut, CA 91789	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) SCPMG
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donath, Jeff <hr/> Contributor address; City; State; Zip Code Walnut, CA 91789	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) SCPMG
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donath, Jeff <hr/> Contributor address; City; State; Zip Code Walnut, CA 91789	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) SCPMG

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/115 Rpt: 32/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donath, Jeff <hr/> 6 Contributor address; City; State; Zip Code Walnut, CA 91789	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions) SCPMG
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donath, Jeff <hr/> Contributor address; City; State; Zip Code Walnut, CA 91789	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) SCPMG
Date 06/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donath, Jeff <hr/> Contributor address; City; State; Zip Code Walnut, CA 91789	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) SCPMG
Date 01/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Zachary <hr/> Contributor address; City; State; Zip Code San Jose, CA 95129	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Community Worker		Employer (See Instructions) Santa Clara County
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Zachary <hr/> Contributor address; City; State; Zip Code San Jose, CA 95129	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Community Worker		Employer (See Instructions) Santa Clara County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/115 Rpt: 33/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Zachary <hr/> 6 Contributor address; City; State; Zip Code San Jose, CA 95129	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Community Worker		9 Employer (See Instructions) Santa Clara County
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Zachary <hr/> Contributor address; City; State; Zip Code San Jose, CA 95129	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Community Worker		Employer (See Instructions) Santa Clara County
Date 05/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Zachary <hr/> Contributor address; City; State; Zip Code San Jose, CA 95129	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Community Worker		Employer (See Instructions) Santa Clara County
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Zachary <hr/> Contributor address; City; State; Zip Code San Jose, CA 95129	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Community Worker		Employer (See Instructions) Santa Clara County
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dufour, Timothy <hr/> Contributor address; City; State; Zip Code Billerica, MA 01821	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Genuine Interactive

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/115 Rpt: 34/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dufour, Timothy <hr/> 6 Contributor address; City; State; Zip Code Billerica, MA 01821	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Programmer		9 Employer (See Instructions) Genuine Interactive
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dufour, Timothy <hr/> Contributor address; City; State; Zip Code Billerica, MA 01821	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Genuine Interactive
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dufour, Timothy <hr/> Contributor address; City; State; Zip Code Billerica, MA 01821	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Genuine Interactive
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dufour, Timothy <hr/> Contributor address; City; State; Zip Code Billerica, MA 01821	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Genuine Interactive
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmond, Matthew <hr/> Contributor address; City; State; Zip Code Boise, ID 83702	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) Ada County Highway District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/115 Rpt: 35/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English, MaryBeth <hr/> 6 Contributor address; City; State; Zip Code Haines City, FL 33844	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) PCSB
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English, MaryBeth <hr/> Contributor address; City; State; Zip Code Haines City, FL 33844	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) PCSB
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English, MaryBeth <hr/> Contributor address; City; State; Zip Code Haines City, FL 33844	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) PCSB
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English, MaryBeth <hr/> Contributor address; City; State; Zip Code Haines City, FL 33844	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) PCSB
Date 01/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine, Laura <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90034	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UCLA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/115 Rpt: 36/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine, Laura <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90034	7 Amount of Contribution (\$) \$2.78
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) UCLA
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine, Laura <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90034	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UCLA
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine, Laura <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90034	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UCLA
Date 05/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine, Laura <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90034	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UCLA
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine, Laura <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90034	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UCLA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/115 Rpt: 37/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Travis <hr/> 6 Contributor address; City; State; Zip Code Wellesley, MA 02481	7 Amount of Contribution (\$) \$1.88
8 Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions) UMass Chan Medical School
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Travis <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02481	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) UMass Chan Medical School
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Travis <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02481	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) UMass Chan Medical School
Date 04/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Travis <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02481	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) UMass Chan Medical School
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Travis <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02481	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) UMass Chan Medical School

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/115 Rpt: 38/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Travis 6 Contributor address; City; State; Zip Code Wellesley, MA 02481	7 Amount of Contribution (\$) \$1.88
8 Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions) UMass Chan Medical School
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Chris Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jack O'Boyle & AssociatesPLLC
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Tracey Contributor address; City; State; Zip Code Los Gatos, CA 95032	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Varian Medical Systems
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Tracey Contributor address; City; State; Zip Code Los Gatos, CA 95032	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Varian Medical Systems
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Tracey Contributor address; City; State; Zip Code Los Gatos, CA 95032	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Varian Medical Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/115 Rpt: 39/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Tracey <hr/> 6 Contributor address; City; State; Zip Code Los Gatos, CA 95032	7 Amount of Contribution (\$) \$3.58
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) Varian Medical Systems
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Tracey <hr/> Contributor address; City; State; Zip Code Los Gatos, CA 95032	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Varian Medical Systems
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Tracey <hr/> Contributor address; City; State; Zip Code Los Gatos, CA 95032	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Varian Medical Systems
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gartner, Daniel <hr/> Contributor address; City; State; Zip Code Oro Valley, AZ 85755	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) none
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garton, Theresa <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73131	Amount of Contribution (\$) \$14.29
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Integrus Medical Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/115 Rpt: 40/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garton, Theresa <hr/> 6 Contributor address; City; State; Zip Code Oklahoma City, OK 73131	7 Amount of Contribution (\$) \$14.29
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Integrus Medical Group
Date 03/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garton, Theresa <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73131	Amount of Contribution (\$) \$14.29
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Integrus Medical Group
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garton, Theresa <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73131	Amount of Contribution (\$) \$14.29
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Integrus Medical Group
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garton, Theresa <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73131	Amount of Contribution (\$) \$14.29
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Integrus Medical Group
Date 06/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garton, Theresa <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73131	Amount of Contribution (\$) \$14.29
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Integrus Medical Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/115 Rpt: 41/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilg, Lawrence <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78751	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Margaret J. <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public Service		Employer (See Instructions) Travis County TX
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Margaret J. <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public Service		Employer (See Instructions) Travis County TX
Date 02/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Margaret J. <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public Service		Employer (See Instructions) Travis County TX
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff, Philip <hr/> Contributor address; City; State; Zip Code Fulton, MD 20759	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) JHU APL

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/115 Rpt: 42/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff, Philip <hr/> 6 Contributor address; City; State; Zip Code Fulton, MD 20759	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Data Scientist		9 Employer (See Instructions) JHU APL
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff, Philip <hr/> Contributor address; City; State; Zip Code Fulton, MD 20759	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) JHU APL
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff, Philip <hr/> Contributor address; City; State; Zip Code Fulton, MD 20759	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) JHU APL
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff, Philip <hr/> Contributor address; City; State; Zip Code Fulton, MD 20759	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) JHU APL
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff, Philip <hr/> Contributor address; City; State; Zip Code Fulton, MD 20759	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) JHU APL

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/115 Rpt: 43/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gratter, Anthony <hr/> 6 Contributor address; City; State; Zip Code Wilkes-Barre, PA 18705	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Brewery Sales Representative		9 Employer (See Instructions) Wallenpaupack Brewing Co
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gratter, Anthony <hr/> Contributor address; City; State; Zip Code Wilkes-Barre, PA 18705	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Brewery Sales Representative		Employer (See Instructions) Wallenpaupack Brewing Co
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Sandra <hr/> Contributor address; City; State; Zip Code EL Reno, OK 73036	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Home Health CEO		Employer (See Instructions) All The Little Things Count
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haisfield, Misty <hr/> Contributor address; City; State; Zip Code Thornton, CO 80241	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Medtronic
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haisfield, Misty <hr/> Contributor address; City; State; Zip Code Thornton, CO 80241	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Medtronic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/115 Rpt: 44/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haisfield, Misty <hr/> 6 Contributor address; City; State; Zip Code Thornton, CO 80241	7 Amount of Contribution (\$) <div style="text-align: right;">\$3.57</div>
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Medtronic
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haisfield, Misty <hr/> Contributor address; City; State; Zip Code Thornton, CO 80241	Amount of Contribution (\$) <div style="text-align: right;">\$3.57</div>
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Medtronic
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haisfield, Misty <hr/> Contributor address; City; State; Zip Code Thornton, CO 80241	Amount of Contribution (\$) <div style="text-align: right;">\$3.57</div>
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Medtronic
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haisfield, Misty <hr/> Contributor address; City; State; Zip Code Thornton, CO 80241	Amount of Contribution (\$) <div style="text-align: right;">\$3.57</div>
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Medtronic
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, George <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029	Amount of Contribution (\$) <div style="text-align: right;">\$3.13</div>
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/115 Rpt: 45/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, George <hr/> 6 Contributor address; City; State; Zip Code Issaquah, WA 98029	7 Amount of Contribution (\$) \$3.13
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Self
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, George <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Self
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, George <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Self
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, George <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Self
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, George <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/115 Rpt: 46/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Joseph 6 Contributor address; City; State; Zip Code San Diego, CA 92102	7 Amount of Contribution (\$) \$4.55
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) Foresight Sports
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Joseph Contributor address; City; State; Zip Code San Diego, CA 92102	Amount of Contribution (\$) \$4.55
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Foresight Sports
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Joseph Contributor address; City; State; Zip Code San Diego, CA 92102	Amount of Contribution (\$) \$4.55
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Foresight Sports
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Joseph Contributor address; City; State; Zip Code San Diego, CA 92102	Amount of Contribution (\$) \$4.55
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Foresight Sports
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Joseph Contributor address; City; State; Zip Code San Diego, CA 92102	Amount of Contribution (\$) \$4.55
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Foresight Sports

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/115 Rpt: 47/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Joseph <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92102	7 Amount of Contribution (\$) \$4.55
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) Foresight Sports
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Polly <hr/> Contributor address; City; State; Zip Code Dubuque, IA 52001	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Financial advisor		Employer (See Instructions) DB&T
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Polly <hr/> Contributor address; City; State; Zip Code Dubuque, IA 52001	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Financial advisor		Employer (See Instructions) DB&T
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Polly <hr/> Contributor address; City; State; Zip Code Dubuque, IA 52001	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Financial advisor		Employer (See Instructions) DB&T
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Polly <hr/> Contributor address; City; State; Zip Code Dubuque, IA 52001	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Financial advisor		Employer (See Instructions) DB&T

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/115 Rpt: 48/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 05/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Polly <hr/> 6 Contributor address; City; State; Zip Code Dubuque, IA 52001	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Financial advisor		9 Employer (See Instructions) DB&T
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Polly <hr/> Contributor address; City; State; Zip Code Dubuque, IA 52001	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Financial advisor		Employer (See Instructions) DB&T
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haverkamp, Rita M <hr/> Contributor address; City; State; Zip Code El Cajon, CA 92020	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Rn		Employer (See Instructions) Self
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haverkamp, Rita M <hr/> Contributor address; City; State; Zip Code El Cajon, CA 92020	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Rn		Employer (See Instructions) Self
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haverkamp, Rita M <hr/> Contributor address; City; State; Zip Code El Cajon, CA 92020	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Rn		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/115 Rpt: 49/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haverkamp, Rita M <hr/> 6 Contributor address; City; State; Zip Code El Cajon, CA 92020	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Rn		9 Employer (See Instructions) Self
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haverkamp, Rita M <hr/> Contributor address; City; State; Zip Code El Cajon, CA 92020	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Rn		Employer (See Instructions) Self
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haverkamp, Rita M <hr/> Contributor address; City; State; Zip Code El Cajon, CA 92020	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Rn		Employer (See Instructions) Self
Date 04/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Sara <hr/> Contributor address; City; State; Zip Code irving, TX 75062	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Claro Enterprise Solutions
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holstein, Susan <hr/> Contributor address; City; State; Zip Code Everett, WA 98208	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Senior Management Analyst		Employer (See Instructions) SSA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/115 Rpt: 50/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holstein, Susan <hr/> 6 Contributor address; City; State; Zip Code Everett, WA 98208	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Senior Management Analyst		9 Employer (See Instructions) SSA
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holstein, Susan <hr/> Contributor address; City; State; Zip Code Everett, WA 98208	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Senior Management Analyst		Employer (See Instructions) SSA
Date 04/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holstein, Susan <hr/> Contributor address; City; State; Zip Code Everett, WA 98208	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Senior Management Analyst		Employer (See Instructions) SSA
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holstein, Susan <hr/> Contributor address; City; State; Zip Code Everett, WA 98208	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Senior Management Analyst		Employer (See Instructions) SSA
Date 06/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holstein, Susan <hr/> Contributor address; City; State; Zip Code Everett, WA 98208	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Senior Management Analyst		Employer (See Instructions) SSA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/115 Rpt: 51/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, Sue <hr/> 6 Contributor address; City; State; Zip Code Robbinsville, NJ 08690	7 Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
8 Principal occupation / Job title (See Instructions) Director PV Systems		9 Employer (See Instructions) Acadia Pharmaceutical
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, Sue <hr/> Contributor address; City; State; Zip Code Robbinsville, NJ 08690	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Director PV Systems		Employer (See Instructions) Acadia Pharmaceutical
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, Sue <hr/> Contributor address; City; State; Zip Code Robbinsville, NJ 08690	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Director PV Systems		Employer (See Instructions) Acadia Pharmaceutical
Date 04/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, Sue <hr/> Contributor address; City; State; Zip Code Robbinsville, NJ 08690	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Director PV Systems		Employer (See Instructions) Acadia Pharmaceutical
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, Sue <hr/> Contributor address; City; State; Zip Code Robbinsville, NJ 08690	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Director PV Systems		Employer (See Instructions) Acadia Pharmaceutical

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/115 Rpt: 52/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, Sue <hr/> 6 Contributor address; City; State; Zip Code Robbinsville, NJ 08690	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Director PV Systems		9 Employer (See Instructions) Acadia Pharmaceutical
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingall, Carol <hr/> Contributor address; City; State; Zip Code Manhattan, NY 10025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Greg <hr/> Contributor address; City; State; Zip Code South Boston, MA 02127	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Akamai Technologies
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Greg <hr/> Contributor address; City; State; Zip Code South Boston, MA 02127	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Akamai Technologies
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Greg <hr/> Contributor address; City; State; Zip Code South Boston, MA 02127	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Akamai Technologies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/115 Rpt: 53/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Greg <hr/> 6 Contributor address; City; State; Zip Code South Boston, MA 02127	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Financial Analyst		9 Employer (See Instructions) Akamai Technologies
Date 05/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Greg <hr/> Contributor address; City; State; Zip Code South Boston, MA 02127	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Akamai Technologies
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Greg <hr/> Contributor address; City; State; Zip Code South Boston, MA 02127	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Akamai Technologies
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Ita <hr/> Contributor address; City; State; Zip Code Boston, MA 02127	Amount of Contribution (\$) \$2.86
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) conformis
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufmann, Jeffrey <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/115 Rpt: 54/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufmann, Jeffrey 6 Contributor address; City; State; Zip Code Buda, TX 78610	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirsch, Joey Contributor address; City; State; Zip Code West Orange, NJ 07052	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirsch, Joey Contributor address; City; State; Zip Code West Orange, NJ 07052	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirsch, Joey Contributor address; City; State; Zip Code West Orange, NJ 07052	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirsch, Joey Contributor address; City; State; Zip Code West Orange, NJ 07052	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/115 Rpt: 55/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 05/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirsch, Joey <hr/> 6 Contributor address; City; State; Zip Code West Orange, NJ 07052	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirsch, Joey <hr/> Contributor address; City; State; Zip Code West Orange, NJ 07052	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Grant <hr/> Contributor address; City; State; Zip Code Denver, CO 80223	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) Prologis
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahm, Paul <hr/> Contributor address; City; State; Zip Code West Chester, PA 19380	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Software QA Manager		Employer (See Instructions) Scoir Inc
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahm, Paul <hr/> Contributor address; City; State; Zip Code West Chester, PA 19380	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Software QA Manager		Employer (See Instructions) Scoir Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/115 Rpt: 56/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahm, Paul <hr/> 6 Contributor address; City; State; Zip Code West Chester, PA 19380	7 Amount of Contribution (\$) \$1.25
8 Principal occupation / Job title (See Instructions) Software QA Manager		9 Employer (See Instructions) Scoir Inc
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahm, Paul <hr/> Contributor address; City; State; Zip Code West Chester, PA 19380	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Software QA Manager		Employer (See Instructions) Scoir Inc
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahm, Paul <hr/> Contributor address; City; State; Zip Code West Chester, PA 19380	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Software QA Manager		Employer (See Instructions) Scoir Inc
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahm, Paul <hr/> Contributor address; City; State; Zip Code West Chester, PA 19380	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Software QA Manager		Employer (See Instructions) Scoir Inc
Date 01/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laudadio, Robert <hr/> Contributor address; City; State; Zip Code Harrison, NJ 07029	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Cybersecurity Analyst		Employer (See Instructions) JP Morgan Chase

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/115 Rpt: 57/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laudadio, Robert <hr/> 6 Contributor address; City; State; Zip Code Harrison, NJ 07029	7 Amount of Contribution (\$) \$3.57
8 Principal occupation / Job title (See Instructions) Cybersecurity Analyst		9 Employer (See Instructions) JP Morgan Chase
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laudadio, Robert <hr/> Contributor address; City; State; Zip Code Harrison, NJ 07029	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Cybersecurity Analyst		Employer (See Instructions) JP Morgan Chase
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laudadio, Robert <hr/> Contributor address; City; State; Zip Code Harrison, NJ 07029	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Cybersecurity Analyst		Employer (See Instructions) JP Morgan Chase
Date 05/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laudadio, Robert <hr/> Contributor address; City; State; Zip Code Harrison, NJ 07029	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Cybersecurity Analyst		Employer (See Instructions) JP Morgan Chase
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laudadio, Robert <hr/> Contributor address; City; State; Zip Code Harrison, NJ 07029	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Cybersecurity Analyst		Employer (See Instructions) JP Morgan Chase

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/115 Rpt: 58/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laureano, Jonathon <hr/> 6 Contributor address; City; State; Zip Code North Plainfield, NJ 07062	7 Amount of Contribution (\$) \$3.58
8 Principal occupation / Job title (See Instructions) Producer		9 Employer (See Instructions) MLB Network
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laureano, Jonathon <hr/> Contributor address; City; State; Zip Code North Plainfield, NJ 07062	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions) MLB Network
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Patrice <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) George Mason University
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Patrice <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) George Mason University
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Patrice <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) George Mason University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/115 Rpt: 59/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Patrice <hr/> 6 Contributor address; City; State; Zip Code Fairfax, VA 22032	7 Amount of Contribution (\$) \$1.43
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions) George Mason University
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Patrice <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) George Mason University
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Patrice <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) George Mason University
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liljestrom, Allison <hr/> Contributor address; City; State; Zip Code Jackson, WY 83002	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liljestrom, Allison <hr/> Contributor address; City; State; Zip Code Jackson, WY 83002	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/115 Rpt: 60/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liljestrom, Allison <hr/> 6 Contributor address; City; State; Zip Code Jackson, WY 83002	7 Amount of Contribution (\$) <div style="text-align: right;">\$1.24</div>
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liljestrom, Allison <hr/> Contributor address; City; State; Zip Code Jackson, WY 83002	Amount of Contribution (\$) <div style="text-align: right;">\$1.24</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liljestrom, Allison <hr/> Contributor address; City; State; Zip Code Jackson, WY 83002	Amount of Contribution (\$) <div style="text-align: right;">\$1.24</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liljestrom, Allison <hr/> Contributor address; City; State; Zip Code Jackson, WY 83002	Amount of Contribution (\$) <div style="text-align: right;">\$1.24</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipton, Avi <hr/> Contributor address; City; State; Zip Code Boston, MA 02134	Amount of Contribution (\$) <div style="text-align: right;">\$5.40</div>
Principal occupation / Job title (See Instructions) Phd Student		Employer (See Instructions) Harvard University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/115 Rpt: 61/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipton, Avi 6 Contributor address; City; State; Zip Code Boston, MA 02134	7 Amount of Contribution (\$) \$5.40
8 Principal occupation / Job title (See Instructions) Phd Student		9 Employer (See Instructions) Harvard University
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipton, Avi Contributor address; City; State; Zip Code Boston, MA 02134	Amount of Contribution (\$) \$5.40
Principal occupation / Job title (See Instructions) Phd Student		Employer (See Instructions) Harvard University
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipton, Avi Contributor address; City; State; Zip Code Boston, MA 02134	Amount of Contribution (\$) \$5.40
Principal occupation / Job title (See Instructions) Phd Student		Employer (See Instructions) Harvard University
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipton, Avi Contributor address; City; State; Zip Code Boston, MA 02134	Amount of Contribution (\$) \$5.40
Principal occupation / Job title (See Instructions) Phd Student		Employer (See Instructions) Harvard University
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipton, Avi Contributor address; City; State; Zip Code Boston, MA 02134	Amount of Contribution (\$) \$5.40
Principal occupation / Job title (See Instructions) Phd Student		Employer (See Instructions) Harvard University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/115 Rpt: 62/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddock, Janelle <hr/> 6 Contributor address; City; State; Zip Code Kissimmee, FL 34741	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) System Analyst		9 Employer (See Instructions) Disney Cruise Line
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddock, Janelle <hr/> Contributor address; City; State; Zip Code Kissimmee, FL 34741	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) System Analyst		Employer (See Instructions) Disney Cruise Line
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddock, Janelle <hr/> Contributor address; City; State; Zip Code Kissimmee, FL 34741	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) System Analyst		Employer (See Instructions) Disney Cruise Line
Date 04/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddock, Janelle <hr/> Contributor address; City; State; Zip Code Kissimmee, FL 34741	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) System Analyst		Employer (See Instructions) Disney Cruise Line
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddock, Janelle <hr/> Contributor address; City; State; Zip Code Kissimmee, FL 34741	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) System Analyst		Employer (See Instructions) Disney Cruise Line

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/115 Rpt: 63/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddock, Janelle <hr/> 6 Contributor address; City; State; Zip Code Kissimmee, FL 34741	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) System Analyst		9 Employer (See Instructions) Disney Cruise Line
Date 04/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magill, Peter <hr/> Contributor address; City; State; Zip Code Freehold, NJ 07728	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Nokia
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahdavi, Jennifer <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95405	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) CSU
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahdavi, Jennifer <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95405	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) CSU
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahdavi, Jennifer <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95405	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) CSU

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahdavi, Jennifer 6 Contributor address; City; State; Zip Code Santa Rosa, CA 95405	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) CSU
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahdavi, Jennifer Contributor address; City; State; Zip Code Santa Rosa, CA 95405	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) CSU
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahdavi, Jennifer Contributor address; City; State; Zip Code Santa Rosa, CA 95405	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) CSU
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malin, Jane Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Expert Consultant		Employer (See Instructions) self
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malin, Jane Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Expert Consultant		Employer (See Instructions) self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/115 Rpt: 65/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malin, Jane <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77062	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Expert Consultant		9 Employer (See Instructions) self
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangiamele, David <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Client Services Specialist		Employer (See Instructions) SeatGeek
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangiamele, David <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Client Services Specialist		Employer (See Instructions) SeatGeek
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangiamele, David <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Client Services Specialist		Employer (See Instructions) SeatGeek
Date 04/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangiamele, David <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Client Services Specialist		Employer (See Instructions) SeatGeek

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 05/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangiamele, David <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11226	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Client Services Specialist		9 Employer (See Instructions) SeatGeek
Date 06/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangiamele, David <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Client Services Specialist		Employer (See Instructions) SeatGeek
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcellesi, Alex <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22314	Amount of Contribution (\$) \$5.56
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Gibson Dunn & Crutcher LLP
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcellesi, Alex <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22314	Amount of Contribution (\$) \$5.56
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Gibson Dunn & Crutcher LLP
Date 01/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Fran <hr/> Contributor address; City; State; Zip Code Farmington, NM 87401-8629	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/115 Rpt: 67/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Fran 6 Contributor address; City; State; Zip Code Farmington, NM 87401-8629	7 Amount of Contribution (\$) \$2.78
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Fran Contributor address; City; State; Zip Code Farmington, NM 87401-8629	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Fran Contributor address; City; State; Zip Code Farmington, NM 87401-8629	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Fran Contributor address; City; State; Zip Code Farmington, NM 87401-8629	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Fran Contributor address; City; State; Zip Code Farmington, NM 87401-8629	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/115 Rpt: 68/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCann, Sean <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94117	7 Amount of Contribution (\$) \$3.13
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Zynga Inc
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCann, Sean <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Zynga Inc
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCann, Sean <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Zynga Inc
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCann, Sean <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Zynga Inc
Date 05/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCann, Sean <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Zynga Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/115 Rpt: 69/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCann, Sean <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94117	7 Amount of Contribution (\$) \$3.13
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Zynga Inc
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElroy, Jim <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Health and Human Svcs Dept
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Patrick <hr/> Contributor address; City; State; Zip Code Cheney, WA 99004	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Patrick <hr/> Contributor address; City; State; Zip Code Cheney, WA 99004	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Patrick <hr/> Contributor address; City; State; Zip Code Cheney, WA 99004	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/115 Rpt: 70/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Patrick <hr/> 6 Contributor address; City; State; Zip Code Cheney, WA 99004	7 Amount of Contribution (\$) \$2.08
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Patrick <hr/> Contributor address; City; State; Zip Code Cheney, WA 99004	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Patrick <hr/> Contributor address; City; State; Zip Code Cheney, WA 99004	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulcahy-Libel, Kelly <hr/> Contributor address; City; State; Zip Code Des Plaines, IL 60018	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulcahy-Libel, Kelly <hr/> Contributor address; City; State; Zip Code Des Plaines, IL 60018	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/115 Rpt: 71/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulcahy-Libel, Kelly <hr/> 6 Contributor address; City; State; Zip Code Des Plaines, IL 60018	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulcahy-Libel, Kelly <hr/> Contributor address; City; State; Zip Code Des Plaines, IL 60018	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulcahy-Libel, Kelly <hr/> Contributor address; City; State; Zip Code Des Plaines, IL 60018	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulcahy-Libel, Kelly <hr/> Contributor address; City; State; Zip Code Des Plaines, IL 60018	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nispel, Shanna <hr/> Contributor address; City; State; Zip Code San Jose, CA 95135	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/115 Rpt: 72/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nispel, Shanna <hr/> 6 Contributor address; City; State; Zip Code San Jose, CA 95135	7 Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nispel, Shanna <hr/> Contributor address; City; State; Zip Code San Jose, CA 95135	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nispel, Shanna <hr/> Contributor address; City; State; Zip Code San Jose, CA 95135	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nispel, Shanna <hr/> Contributor address; City; State; Zip Code San Jose, CA 95135	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nispel, Shanna <hr/> Contributor address; City; State; Zip Code San Jose, CA 95135	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/115 Rpt: 73/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nosal, Eugene <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacchiana, Adam <hr/> Contributor address; City; State; Zip Code Sandy Hook, CT 06482	Amount of Contribution (\$) \$2.27
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacchiana, Adam <hr/> Contributor address; City; State; Zip Code Sandy Hook, CT 06482	Amount of Contribution (\$) \$2.27
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacchiana, Adam <hr/> Contributor address; City; State; Zip Code Sandy Hook, CT 06482	Amount of Contribution (\$) \$2.27
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacchiana, Adam <hr/> Contributor address; City; State; Zip Code Sandy Hook, CT 06482	Amount of Contribution (\$) \$2.27
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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4 Date 05/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacchiana, Adam <hr/> 6 Contributor address; City; State; Zip Code Sandy Hook, CT 06482	7 Amount of Contribution (\$) \$2.27
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacchiana, Adam <hr/> Contributor address; City; State; Zip Code Sandy Hook, CT 06482	Amount of Contribution (\$) \$2.27
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palumbo, Pamela <hr/> Contributor address; City; State; Zip Code Lake Clear, NY 12945	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palumbo, Pamela <hr/> Contributor address; City; State; Zip Code Lake Clear, NY 12945	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palumbo, Pamela <hr/> Contributor address; City; State; Zip Code Lake Clear, NY 12945	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/115 Rpt: 75/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palumbo, Pamela <hr/> 6 Contributor address; City; State; Zip Code Lake Clear, NY 12945	7 Amount of Contribution (\$) <div style="text-align: right;">\$1.43</div>
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palumbo, Pamela <hr/> Contributor address; City; State; Zip Code Lake Clear, NY 12945	Amount of Contribution (\$) <div style="text-align: right;">\$1.43</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palumbo, Pamela <hr/> Contributor address; City; State; Zip Code Lake Clear, NY 12945	Amount of Contribution (\$) <div style="text-align: right;">\$1.43</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pappalardo, Brian <hr/> Contributor address; City; State; Zip Code Little Rock, AR 72202	Amount of Contribution (\$) <div style="text-align: right;">\$3.12</div>
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Pappalardo Media Co
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pappalardo, Brian <hr/> Contributor address; City; State; Zip Code Little Rock, AR 72202	Amount of Contribution (\$) <div style="text-align: right;">\$3.12</div>
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Pappalardo Media Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/115 Rpt: 76/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petrichor, Emily <hr/> 6 Contributor address; City; State; Zip Code Crownsville, MD 21032	7 Amount of Contribution (\$) \$1.43
8 Principal occupation / Job title (See Instructions) Horse Trainer		9 Employer (See Instructions) self employed
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petrichor, Emily <hr/> Contributor address; City; State; Zip Code Crownsville, MD 21032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Horse Trainer		Employer (See Instructions) self employed
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petrichor, Emily <hr/> Contributor address; City; State; Zip Code Crownsville, MD 21032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Horse Trainer		Employer (See Instructions) self employed
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petrichor, Emily <hr/> Contributor address; City; State; Zip Code Crownsville, MD 21032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Horse Trainer		Employer (See Instructions) self employed
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petrichor, Emily <hr/> Contributor address; City; State; Zip Code Crownsville, MD 21032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Horse Trainer		Employer (See Instructions) self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/115 Rpt: 77/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petrichor, Emily <hr/> 6 Contributor address; City; State; Zip Code Crownsville, MD 21032	7 Amount of Contribution (\$) \$1.43
8 Principal occupation / Job title (See Instructions) Horse Trainer		9 Employer (See Instructions) self employed
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prevas, Frances <hr/> Contributor address; City; State; Zip Code Lawndale, CA 90260	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) computer consultant		Employer (See Instructions) Prosum Inc.
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prevas, Frances <hr/> Contributor address; City; State; Zip Code Lawndale, CA 90260	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) computer consultant		Employer (See Instructions) Prosum Inc.
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prevas, Frances <hr/> Contributor address; City; State; Zip Code Lawndale, CA 90260	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) computer consultant		Employer (See Instructions) Prosum Inc.
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prevas, Frances <hr/> Contributor address; City; State; Zip Code Lawndale, CA 90260	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) computer consultant		Employer (See Instructions) Prosum Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/115 Rpt: 78/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 05/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prevas, Frances <hr/> 6 Contributor address; City; State; Zip Code Lawndale, CA 90260	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) computer consultant		9 Employer (See Instructions) Prosum Inc.
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prevas, Frances <hr/> Contributor address; City; State; Zip Code Lawndale, CA 90260	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) computer consultant		Employer (See Instructions) Prosum Inc.
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Przewlocki, Sunita <hr/> Contributor address; City; State; Zip Code Hilo, HI 96720	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Realtor
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Przewlocki, Sunita <hr/> Contributor address; City; State; Zip Code Hilo, HI 96720	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Realtor
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Przewlocki, Sunita <hr/> Contributor address; City; State; Zip Code Hilo, HI 96720	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Realtor

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/115 Rpt: 79/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Przewlocki, Sunita <hr/> 6 Contributor address; City; State; Zip Code Hilo, HI 96720	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Realtor
Date 05/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Przewlocki, Sunita <hr/> Contributor address; City; State; Zip Code Hilo, HI 96720	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Realtor
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Przewlocki, Sunita <hr/> Contributor address; City; State; Zip Code Hilo, HI 96720	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Realtor
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumfrey, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78736	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumfrey, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78736	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/115 Rpt: 80/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> 6 Contributor address; City; State; Zip Code morganville, NJ 07751	7 Amount of Contribution (\$) \$7.15
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$7.15
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$7.15
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/115 Rpt: 81/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> 6 Contributor address; City; State; Zip Code morganville, NJ 07751	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$7.15
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 05/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$7.15
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 05/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/115 Rpt: 82/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> 6 Contributor address; City; State; Zip Code morganville, NJ 07751	7 Amount of Contribution (\$) \$7.15
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redgate, Christopher <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90807	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Los Angeles County
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redgate, Christopher <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90807	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Los Angeles County
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redgate, Christopher <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90807	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Los Angeles County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/115 Rpt: 83/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redgate, Christopher <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90807	7 Amount of Contribution (\$) \$1.25
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Los Angeles County
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redgate, Christopher <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90807	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Los Angeles County
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redgate, Christopher <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90807	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Los Angeles County
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Julia <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) University of Phoenix
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reymann, Katherine <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84108	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Naturalization Voter Registration Coordinator		Employer (See Instructions) League of Women Voters - SLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/115 Rpt: 84/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reymann, Katherine <hr/> 6 Contributor address; City; State; Zip Code Salt Lake City, UT 84108	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Naturalization Voter Registration Coordinator		9 Employer (See Instructions) League of Women Voters - SLC
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reymann, Katherine <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84108	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Naturalization Voter Registration Coordinator		Employer (See Instructions) League of Women Voters - SLC
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reymann, Katherine <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84108	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Naturalization Voter Registration Coordinator		Employer (See Instructions) League of Women Voters - SLC
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reymann, Katherine <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84108	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Naturalization Voter Registration Coordinator		Employer (See Instructions) League of Women Voters - SLC
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reymann, Katherine <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84108	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Naturalization Voter Registration Coordinator		Employer (See Instructions) League of Women Voters - SLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/115 Rpt: 85/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockman, Charlie <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97213	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Operational Strategy		9 Employer (See Instructions) Self
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockman, Charlie <hr/> Contributor address; City; State; Zip Code Portland, OR 97213	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Operational Strategy		Employer (See Instructions) Self
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockman, Charlie <hr/> Contributor address; City; State; Zip Code Portland, OR 97213	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Operational Strategy		Employer (See Instructions) Self
Date 04/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockman, Charlie <hr/> Contributor address; City; State; Zip Code Portland, OR 97213	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Operational Strategy		Employer (See Instructions) Self
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockman, Charlie <hr/> Contributor address; City; State; Zip Code Portland, OR 97213	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Operational Strategy		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/115 Rpt: 86/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockman, Charlie <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97213	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Operational Strategy		9 Employer (See Instructions) Self
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Brittany <hr/> Contributor address; City; State; Zip Code Towson, MD 21286	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) RK&K
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Brittany <hr/> Contributor address; City; State; Zip Code Towson, MD 21286	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) RK&K
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Brittany <hr/> Contributor address; City; State; Zip Code Towson, MD 21286	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) RK&K
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Brittany <hr/> Contributor address; City; State; Zip Code Towson, MD 21286	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) RK&K

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/115 Rpt: 87/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roseman, Stuart 6 Contributor address; City; State; Zip Code Boston, MA 02116	7 Amount of Contribution (\$) \$31.25
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) SaneBox
Date 02/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roseman, Stuart Contributor address; City; State; Zip Code Boston, MA 02116	Amount of Contribution (\$) \$31.25
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) SaneBox
Date 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roseman, Stuart Contributor address; City; State; Zip Code Boston, MA 02116	Amount of Contribution (\$) \$31.25
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) SaneBox
Date 04/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roseman, Stuart Contributor address; City; State; Zip Code Boston, MA 02116	Amount of Contribution (\$) \$31.25
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) SaneBox
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roseman, Stuart Contributor address; City; State; Zip Code Boston, MA 02116	Amount of Contribution (\$) \$31.25
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) SaneBox

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/115 Rpt: 88/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roseman, Stuart <hr/> 6 Contributor address; City; State; Zip Code Boston, MA 02116	7 Amount of Contribution (\$) \$31.25
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) SaneBox
Date 01/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> Contributor address; City; State; Zip Code Brightwood, OR 97011	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Timothy <hr/> Contributor address; City; State; Zip Code Somerville, MA 02143	Amount of Contribution (\$) \$3.75
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Facebook
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Timothy <hr/> Contributor address; City; State; Zip Code Somerville, MA 02143	Amount of Contribution (\$) \$3.75
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Facebook
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Timothy <hr/> Contributor address; City; State; Zip Code Somerville, MA 02143	Amount of Contribution (\$) \$3.75
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Facebook

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/115 Rpt: 89/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Timothy <hr/> 6 Contributor address; City; State; Zip Code Somerville, MA 02143	7 Amount of Contribution (\$) \$3.75
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Facebook
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Timothy <hr/> Contributor address; City; State; Zip Code Somerville, MA 02143	Amount of Contribution (\$) \$3.75
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Facebook
Date 06/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Timothy <hr/> Contributor address; City; State; Zip Code Somerville, MA 02143	Amount of Contribution (\$) \$3.75
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Facebook
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sallee, Kittie <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenck, David <hr/> Contributor address; City; State; Zip Code Huntington Beach, CA 92648	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CDI

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/115 Rpt: 90/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenck, David 6 Contributor address; City; State; Zip Code Huntington Beach, CA 92648	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) CDI
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenck, David Contributor address; City; State; Zip Code Huntington Beach, CA 92648	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CDI
Date 04/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenck, David Contributor address; City; State; Zip Code Huntington Beach, CA 92648	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CDI
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenck, David Contributor address; City; State; Zip Code Huntington Beach, CA 92648	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CDI
Date 06/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenck, David Contributor address; City; State; Zip Code Huntington Beach, CA 92648	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CDI

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/115 Rpt: 91/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schierhorn, Carl 6 Contributor address; City; State; Zip Code Kent, OH 44240	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schierhorn, Carl Contributor address; City; State; Zip Code Kent, OH 44240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schierhorn, Carl Contributor address; City; State; Zip Code Kent, OH 44240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schierhorn, Carl Contributor address; City; State; Zip Code Kent, OH 44240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schierhorn, Carl Contributor address; City; State; Zip Code Kent, OH 44240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/115 Rpt: 92/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schierhorn, Carl <hr/> 6 Contributor address; City; State; Zip Code Kent, OH 44240	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scotland, James <hr/> Contributor address; City; State; Zip Code Tucson, AZ 75750	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Newmark
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scotland, James <hr/> Contributor address; City; State; Zip Code Tucson, AZ 75750	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Newmark
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scotland, James <hr/> Contributor address; City; State; Zip Code Tucson, AZ 75750	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Newmark
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scotland, James <hr/> Contributor address; City; State; Zip Code Tucson, AZ 75750	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Newmark

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/115 Rpt: 93/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 05/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scotland, James <hr/> 6 Contributor address; City; State; Zip Code Tucson, AZ 75750	7 Amount of Contribution (\$) \$1.24
8 Principal occupation / Job title (See Instructions) Financial Analyst		9 Employer (See Instructions) Newmark
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scotland, James <hr/> Contributor address; City; State; Zip Code Tucson, AZ 75750	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Newmark
Date 05/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sever, Ann <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Halley <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46202	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) Digitas
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Halley <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46202	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) Digitas

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/115 Rpt: 94/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Halley <hr/> 6 Contributor address; City; State; Zip Code Indianapolis, IN 46202	7 Amount of Contribution (\$) \$2.09
8 Principal occupation / Job title (See Instructions) Advertising		9 Employer (See Instructions) Digitas
Date 04/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Halley <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46202	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) Digitas
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Halley <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46202	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) Digitas
Date 06/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Halley <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46202	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) Digitas
Date 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spears, Jesse <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Retro Studios

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/115 Rpt: 95/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stapleton, Rev. Carolyn L. <hr/> 6 Contributor address; City; State; Zip Code Windcrest, TX 78239	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauffer, Allyson <hr/> Contributor address; City; State; Zip Code Longmont, CO 80501	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Lyft Driver		Employer (See Instructions) Myself
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauffer, Allyson <hr/> Contributor address; City; State; Zip Code Longmont, CO 80501	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Lyft Driver		Employer (See Instructions) Myself
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauffer, Allyson <hr/> Contributor address; City; State; Zip Code Longmont, CO 80501	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Lyft Driver		Employer (See Instructions) Myself
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauffer, Allyson <hr/> Contributor address; City; State; Zip Code Longmont, CO 80501	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Lyft Driver		Employer (See Instructions) Myself

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/115 Rpt: 96/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 05/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauffer, Allyson <hr/> 6 Contributor address; City; State; Zip Code Longmont, CO 80501	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Lyft Driver		9 Employer (See Instructions) Myself
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauffer, Allyson <hr/> Contributor address; City; State; Zip Code Longmont, CO 80501	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Lyft Driver		Employer (See Instructions) Myself
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumner, Matthew <hr/> Contributor address; City; State; Zip Code Wynnewood, PA 19006	Amount of Contribution (\$) \$1.75
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Messari
Date 02/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumner, Matthew <hr/> Contributor address; City; State; Zip Code Wynnewood, PA 19006	Amount of Contribution (\$) \$1.75
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Messari
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Denis <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) University of Texas at Austin

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/115 Rpt: 97/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiede, Sara <hr/> 6 Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80907	7 Amount of Contribution (\$) \$3.13
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiede, Sara <hr/> Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80907	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiede, Sara <hr/> Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80907	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiede, Sara <hr/> Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80907	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiede, Sara <hr/> Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80907	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/115 Rpt: 98/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiede, Sara 6 Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80907	7 Amount of Contribution (\$) \$3.13
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tims, Ian Contributor address; City; State; Zip Code Plymouth, MI 48170	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Ford Motor Company
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tims, Ian Contributor address; City; State; Zip Code Plymouth, MI 48170	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Ford Motor Company
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tims, Ian Contributor address; City; State; Zip Code Plymouth, MI 48170	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Ford Motor Company
Date 04/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tims, Ian Contributor address; City; State; Zip Code Plymouth, MI 48170	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Ford Motor Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/115 Rpt: 99/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 05/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tims, Ian <hr/> 6 Contributor address; City; State; Zip Code Plymouth, MI 48170	7 Amount of Contribution (\$) \$1.25
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Ford Motor Company
Date 06/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tims, Ian <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Ford Motor Company
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Elizabeth <hr/> Contributor address; City; State; Zip Code Reading, MA 01867	Amount of Contribution (\$) \$1.66
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Kronos Bio
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Elizabeth <hr/> Contributor address; City; State; Zip Code Reading, MA 01867	Amount of Contribution (\$) \$1.66
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Kronos Bio
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Elizabeth <hr/> Contributor address; City; State; Zip Code Reading, MA 01867	Amount of Contribution (\$) \$1.66
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Kronos Bio

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/115 Rpt: 100/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Reading, MA 01867	7 Amount of Contribution (\$) \$1.66
8 Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions) Kronos Bio
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Elizabeth <hr/> Contributor address; City; State; Zip Code Reading, MA 01867	Amount of Contribution (\$) \$1.66
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Kronos Bio
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Elizabeth <hr/> Contributor address; City; State; Zip Code Reading, MA 01867	Amount of Contribution (\$) \$1.66
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Kronos Bio
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trautman, Allan <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Puppeteer		Employer (See Instructions) Self
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trautman, Allan <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Puppeteer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/115 Rpt: 101/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trautman, Allan <hr/> 6 Contributor address; City; State; Zip Code Santa Clarita, CA 91350	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Puppeteer		9 Employer (See Instructions) Self
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trautman, Allan <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Puppeteer		Employer (See Instructions) Self
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trautman, Allan <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Puppeteer		Employer (See Instructions) Self
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trautman, Allan <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Puppeteer		Employer (See Instructions) Self
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsuneyoshi, Naomi <hr/> Contributor address; City; State; Zip Code Kalaheo, HI 96741	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/115 Rpt: 102/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsuneyoshi, Naomi <hr/> 6 Contributor address; City; State; Zip Code Kalaheo, HI 96741	7 Amount of Contribution (\$) \$3.57
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsuneyoshi, Naomi <hr/> Contributor address; City; State; Zip Code Kalaheo, HI 96741	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsuneyoshi, Naomi <hr/> Contributor address; City; State; Zip Code Kalaheo, HI 96741	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsuneyoshi, Naomi <hr/> Contributor address; City; State; Zip Code Kalaheo, HI 96741	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsuneyoshi, Naomi <hr/> Contributor address; City; State; Zip Code Kalaheo, HI 96741	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/115 Rpt: 103/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez-Cox, Juanita 6 Contributor address; City; State; Zip Code Donna, TX 78537-4480	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez-Cox, Juanita Contributor address; City; State; Zip Code Donna, TX 78537-4480	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Slyke, Glen Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Slyke, Glen Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veal, Jared Contributor address; City; State; Zip Code Addis, LA 70710	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/115 Rpt: 104/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veal, Jared <hr/> 6 Contributor address; City; State; Zip Code Addis, LA 70710	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veal, Jared <hr/> Contributor address; City; State; Zip Code Addis, LA 70710	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veal, Jared <hr/> Contributor address; City; State; Zip Code Addis, LA 70710	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veal, Jared <hr/> Contributor address; City; State; Zip Code Addis, LA 70710	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veal, Jared <hr/> Contributor address; City; State; Zip Code Addis, LA 70710	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/115 Rpt: 105/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virgen, Matthew 6 Contributor address; City; State; Zip Code San Diego, CA 92126	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Mechanical Engineer		9 Employer (See Instructions) General Atomics
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virgen, Matthew Contributor address; City; State; Zip Code San Diego, CA 92126	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Mechanical Engineer		Employer (See Instructions) General Atomics
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virgen, Matthew Contributor address; City; State; Zip Code San Diego, CA 92126	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Mechanical Engineer		Employer (See Instructions) General Atomics
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virgen, Matthew Contributor address; City; State; Zip Code San Diego, CA 92126	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Mechanical Engineer		Employer (See Instructions) General Atomics
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virgen, Matthew Contributor address; City; State; Zip Code San Diego, CA 92126	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Mechanical Engineer		Employer (See Instructions) General Atomics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/115 Rpt: 106/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virgen, Matthew <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92126	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Mechanical Engineer		9 Employer (See Instructions) General Atomics
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waugh, Emily <hr/> Contributor address; City; State; Zip Code Milwaukie, OR 97222	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waugh, Emily <hr/> Contributor address; City; State; Zip Code Milwaukie, OR 97222	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waugh, Emily <hr/> Contributor address; City; State; Zip Code Milwaukie, OR 97222	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waugh, Emily <hr/> Contributor address; City; State; Zip Code Milwaukie, OR 97222	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/115 Rpt: 107/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 05/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waugh, Emily <hr/> 6 Contributor address; City; State; Zip Code Milwaukie, OR 97222	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waugh, Emily <hr/> Contributor address; City; State; Zip Code Milwaukie, OR 97222	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Heather <hr/> Contributor address; City; State; Zip Code San Diego, CA 92103	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Heather <hr/> Contributor address; City; State; Zip Code San Diego, CA 92103	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Heather <hr/> Contributor address; City; State; Zip Code San Diego, CA 92103	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/115 Rpt: 108/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Heather 6 Contributor address; City; State; Zip Code San Diego, CA 92103	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Heather Contributor address; City; State; Zip Code San Diego, CA 92103	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 06/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Heather Contributor address; City; State; Zip Code San Diego, CA 92103	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whatley, Suzanne Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whatley, Suzanne Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/115 Rpt: 109/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whatley, Suzanne <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78735	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whatley, Suzanne <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whatley, Suzanne <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whatley, Suzanne <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheaton, Doug <hr/> Contributor address; City; State; Zip Code Mountain View, CA 94043	Amount of Contribution (\$) \$6.87
Principal occupation / Job title (See Instructions) Se		Employer (See Instructions) Attunity

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/115 Rpt: 110/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheaton, Doug 6 Contributor address; City; State; Zip Code Mountain View, CA 94043	7 Amount of Contribution (\$) \$6.87
8 Principal occupation / Job title (See Instructions) Se		9 Employer (See Instructions) Attunity
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheaton, Doug Contributor address; City; State; Zip Code Mountain View, CA 94043	Amount of Contribution (\$) \$6.87
Principal occupation / Job title (See Instructions) Se		Employer (See Instructions) Attunity
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheaton, Doug Contributor address; City; State; Zip Code Mountain View, CA 94043	Amount of Contribution (\$) \$6.87
Principal occupation / Job title (See Instructions) Se		Employer (See Instructions) Attunity
Date 05/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheaton, Doug Contributor address; City; State; Zip Code Mountain View, CA 94043	Amount of Contribution (\$) \$6.87
Principal occupation / Job title (See Instructions) Se		Employer (See Instructions) Attunity
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheaton, Doug Contributor address; City; State; Zip Code Mountain View, CA 94043	Amount of Contribution (\$) \$6.87
Principal occupation / Job title (See Instructions) Se		Employer (See Instructions) Attunity

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/115 Rpt: 111/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Wright <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77025	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Clinical Psychologist		9 Employer (See Instructions) Wright Williams
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolfson, Jennifer <hr/> Contributor address; City; State; Zip Code Northampton, MA 01060	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) ISO New Englad
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolfson, Jennifer <hr/> Contributor address; City; State; Zip Code Northampton, MA 01060	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) ISO New Englad
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolovits, Mel <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max <hr/> Contributor address; City; State; Zip Code Austin, TX 78765	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Plum Creek Records & Tapes

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/115 Rpt: 112/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max 6 Contributor address; City; State; Zip Code Austin, TX 78765	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Plum Creek Records & Tapes
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max Contributor address; City; State; Zip Code Austin, TX 78765	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Plum Creek Records & Tapes
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max Contributor address; City; State; Zip Code Austin, TX 78765	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Plum Creek Records & Tapes
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max Contributor address; City; State; Zip Code Austin, TX 78765	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Plum Creek Records & Tapes
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max Contributor address; City; State; Zip Code Austin, TX 78765	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Plum Creek Records & Tapes

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/115 Rpt: 113/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yandell, Bruce <hr/> 6 Contributor address; City; State; Zip Code Rocklin, CA 95765	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Cubizm
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yandell, Bruce <hr/> Contributor address; City; State; Zip Code Rocklin, CA 95765	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Cubizm
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yandell, Bruce <hr/> Contributor address; City; State; Zip Code Rocklin, CA 95765	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Cubizm
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yandell, Bruce <hr/> Contributor address; City; State; Zip Code Rocklin, CA 95765	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Cubizm
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yandell, Bruce <hr/> Contributor address; City; State; Zip Code Rocklin, CA 95765	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Cubizm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/115 Rpt: 114/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yandell, Bruce <hr/> 6 Contributor address; City; State; Zip Code Rocklin, CA 95765	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Cubizm
Date 01/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Caity <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115	Amount of Contribution (\$) \$2.86
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Caity <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115	Amount of Contribution (\$) \$2.86
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Caity <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115	Amount of Contribution (\$) \$2.86
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Caity <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115	Amount of Contribution (\$) \$2.86
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/115 Rpt: 115/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 05/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Caity <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94115	7 Amount of Contribution (\$) \$2.86
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Caity <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115	Amount of Contribution (\$) \$2.86
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kellyn <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Medical Coder		Employer (See Instructions) Baylor Scott and White
Date 02/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kellyn <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Medical Coder		Employer (See Instructions) Baylor Scott and White
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kellyn <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Medical Coder		Employer (See Instructions) Baylor Scott and White

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/115 Rpt: 116/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 05/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kellyn <hr/> 6 Contributor address; City; State; Zip Code Lawrence, KS 66049	7 Amount of Contribution (\$) \$1.43
8 Principal occupation / Job title (See Instructions) Medical Coder		9 Employer (See Instructions) Baylor Scott and White
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kellyn <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Medical Coder		Employer (See Instructions) Baylor Scott and White
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sosa, guadalupe <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78704	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sosa, guadalupe <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78704	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sosa, guadalupe <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78704	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/115 Rpt: 117/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wachs, miriam <hr/> 6 Contributor address; City; State; Zip Code New Jersey, NJ 07302	7 Amount of Contribution (\$) \$1.43
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Deloitte
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wachs, miriam <hr/> Contributor address; City; State; Zip Code New Jersey, NJ 07302	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Deloitte
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wachs, miriam <hr/> Contributor address; City; State; Zip Code New Jersey, NJ 07302	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Deloitte
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wachs, miriam <hr/> Contributor address; City; State; Zip Code New Jersey, NJ 07302	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Deloitte
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wachs, miriam <hr/> Contributor address; City; State; Zip Code New Jersey, NJ 07302	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Deloitte

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/115 Rpt: 118/158
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wachs, miriam <hr/> 6 Contributor address; City; State; Zip Code New Jersey, NJ 07302	7 Amount of Contribution (\$) \$1.43
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Deloitte

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/21/2025	5 Payee name 7 Brew	
6 Amount (\$) \$14.29 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/13/2025	Payee name Adobe	
Amount (\$) \$21.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11501 Domain Drive, Suite 110 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/11/2025	Payee name Adobe	
Amount (\$) \$21.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11501 Domain Drive, Suite 110 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/11/2025	5 Payee name Adobe	
6 Amount (\$) \$21.64 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 11501 Domain Drive, Suite 110 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/11/2025	Candidate/Officeholder name Office sought Office held	
Payee name Adobe		
Amount (\$) \$21.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11501 Domain Drive, Suite 110 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name Adobe		
Amount (\$) \$21.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11501 Domain Drive, Suite 110 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/12/2025	5 Payee name Adobe	
6 Amount (\$) \$21.64 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 11501 Domain Drive, Suite 110 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Aguas Frescas		
Amount (\$) \$16.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1475 Sugar Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amazon		
Amount (\$) \$7.63 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/18/2025	5 Payee name Amazon	
6 Amount (\$) \$14.06 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/18/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$17.31 <input type="checkbox"/> Expenditure from corporate funds	Payee name Amazon Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/22/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$30.58 <input type="checkbox"/> Expenditure from corporate funds	Payee name Amazon Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 05/12/2025	5 Payee name Amazon	
6 Amount (\$) \$24.89 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2025	Payee name Amazon	
Amount (\$) \$50.85 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/26/2025	Payee name Amazon	
Amount (\$) \$10.81 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/06/2025	5 Payee name Barley and Board	
6 Amount (\$) \$82.53 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/13/2025	Candidate/Officeholder name Brandboosters	
Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 301 N McColl Rd Suite G McAllen, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print Costs
Office held		
Date 01/16/2025	Candidate/Officeholder name Brandboosters	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 301 N McColl Rd Suite G McAllen, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print Costs
Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/22/2025	5 Payee name Brandboosters	
6 Amount (\$) \$350.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 301 N McColl Rd Suite G McAllen, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print Costs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/27/2025	Candidate/Officeholder name Brandboosters	
Amount (\$) \$260.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 301 N McColl Rd Suite G McAllen, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print Costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/13/2025	Candidate/Officeholder name Call Hub	
Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1250 I St NW #330 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/18/2025	5 Payee name Call Hub	
6 Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1250 I St NW #330 Washington, DC 20005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/18/2025	Candidate/Officeholder name Office sought Office held	
Payee name Call Hub		
Amount (\$) \$40.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1250 I St NW #330 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name Call Hub		
Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1250 I St NW #330 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/09/2025	5 Payee name Call Hub	
6 Amount (\$) \$125.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1250 I St NW #330 Washington, DC 20005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name Call Hub		
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1250 I St NW #330 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name Call Hub		
Amount (\$) \$80.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1250 I St NW #330 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/23/2025	5 Payee name Call Hub	
6 Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1250 I St NW #330 Washington, DC 20005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/13/2025	Candidate/Officeholder name Office sought Office held	
Payee name Campaign Verify		
Amount (\$) \$95.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name Circle K		
Amount (\$) \$2.59 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2204 W. Trenton Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/40 Rpt:		2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985	
4 Date 02/25/2025		5 Payee name Coca-Cola Southwest Beverages			
6 Amount (\$) \$2.60 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code 2400 W Expy 83 McAllen, TX 78501			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/03/2025		Payee name Coca-Cola Southwest Beverages			
Amount (\$) \$2.60 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 2400 W Expy 83 McAllen, TX 78501			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/25/2025		Payee name Coca-Cola Southwest Beverages			
Amount (\$) \$2.60 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 2400 W Expy 83 McAllen, TX 78501			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/06/2025	5 Payee name Cool Beans	
6 Amount (\$) \$75.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/20/2025	Payee name Costco	
Amount (\$) \$8.42 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1501 W. Kelly Pharr, TX 78577	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2025	Payee name Cricket	
Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4017 S. McColl Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/18/2025	5 Payee name Cricket	
6 Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4017 S. McColl Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/19/2025	Payee name Cricket	
Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4017 S. McColl Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2025	Payee name DEBC	
Amount (\$) \$925.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 135 Paseo Del Prado Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Utility Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/07/2025	5 Payee name DEBC	
6 Amount (\$) \$925.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 135 Paseo Del Prado Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Utility Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name DEBC		
Amount (\$) \$958.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 135 Paseo Del Prado Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Utility Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/06/2025	Candidate/Officeholder name Office sought Office held	
Payee name DEBC		
Amount (\$) \$925.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 135 Paseo Del Prado Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Utility Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/09/2025	5 Payee name DEBC	
6 Amount (\$) \$925.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 135 Paseo Del Prado Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Utility Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/20/2025	Payee name Daves Hot Chicken	
Amount (\$) \$44.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/21/2025	Payee name Eddies Tacos	
Amount (\$) \$16.23 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/21/2025	5 Payee name Golden Ice Cream	
6 Amount (\$) \$12.72 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2025	Payee name Gsuite	
Amount (\$) \$30.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2025	Payee name Gsuite	
Amount (\$) \$30.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/03/2025	5 Payee name Gsuite	
6 Amount (\$) \$30.70 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Gsuite		
Amount (\$) \$30.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/06/2025	Candidate/Officeholder name Office sought Office held	
Payee name Gsuite		
Amount (\$) \$30.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/02/2025	5 Payee name Gsuite	
6 Amount (\$) \$30.70 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name Hotel 1928		
Amount (\$) \$100.51 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name Hustle		
Amount (\$) \$820.28 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 548 Market St San Francisco, CA 94104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/13/2025	5 Payee name Hustle	
6 Amount (\$) \$302.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 548 Market St San Francisco, CA 94104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/21/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$686.92 <input type="checkbox"/> Expenditure from corporate funds	Payee name Hustle Payee address; City; State; Zip Code 548 Market St San Francisco, CA 94104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/21/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$34.53 <input type="checkbox"/> Expenditure from corporate funds	Payee name IMAS Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift Purchase
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/17/2025	5 Payee name Jack In the Box	
6 Amount (\$) \$12.98 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/07/2025	Payee name Jersey Mike's Subs	
Amount (\$) \$46.81 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1708 W University Dr Suite 5 Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/13/2025	Payee name Jersey Mike's Subs	
Amount (\$) \$44.24 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1708 W University Dr Suite 5 Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/28/2025	5 Payee name Juice Us	
6 Amount (\$) \$27.97 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1703 W Trenton Rd Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/04/2025	Candidate/Officeholder name Juice Us	
Amount (\$) \$7.89 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1703 W Trenton Rd Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/01/2025	Candidate/Officeholder name Juice Us	
Amount (\$) \$7.84 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1703 W Trenton Rd Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/31/2025	5 Payee name Lone Star National Bank	
6 Amount (\$) \$7.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5537 N McColl McAllen, TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Lone Star National Bank		
Amount (\$) \$7.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5537 N McColl McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name Lone Star National Bank		
Amount (\$) \$7.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5537 N McColl McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/30/2025	5 Payee name Lone Star National Bank	
6 Amount (\$) \$7.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5537 N McColl McAllen, TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Lone Star National Bank		
Amount (\$) \$7.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5537 N McColl McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Lone Star National Bank		
Amount (\$) \$7.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5537 N McColl McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Utility Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/21/2025	5 Payee name Longhorn Steakhouse	
6 Amount (\$) \$66.01 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7401 N 10th St McAllen, TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name Microsoft		
Amount (\$) \$10.81 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name Minute Key		
Amount (\$) \$7.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1421 W Frontage Rd Alamo, TX 78516	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/14/2025	5 Payee name Minute Key	
6 Amount (\$) \$5.41 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1421 W Frontage Rd Alamo, TX 78516	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name NGP Van		
Amount (\$) \$335.79 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name NGP Van		
Amount (\$) \$335.79 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/18/2025	5 Payee name NGP Van	
6 Amount (\$) \$12.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/11/2025	Candidate/Officeholder name NGP Van	
Amount (\$) \$676.91 <input type="checkbox"/> Expenditure from corporate funds	Office sought TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/03/2025	Candidate/Officeholder name NGP Van	
Amount (\$) \$335.79 <input type="checkbox"/> Expenditure from corporate funds	Office sought TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 05/05/2025	5 Payee name NGP Van	
6 Amount (\$) \$335.79 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/04/2025	Candidate/Officeholder name NGP Van	
Amount (\$) \$335.79 <input type="checkbox"/> Expenditure from corporate funds	Office sought TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/14/2025	Candidate/Officeholder name Panera Bread	
Amount (\$) \$14.52 <input type="checkbox"/> Expenditure from corporate funds	Office sought 201 E Trenton Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/10/2025	5 Payee name Pappadeaux Seafood Kitchen	
6 Amount (\$) \$180.37 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1610 W Expy 83 Pharr, TX 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/07/2025	Payee name Pho Houston	
Amount (\$) \$50.39 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 139 W Nolana Ave McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2025	Payee name QuikTrip	
Amount (\$) \$48.36 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/06/2025	5 Payee name Reserva	
6 Amount (\$) \$14.88 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/13/2025	Payee name Reserva	
Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/06/2025	Payee name Rodeo Goat	
Amount (\$) \$77.06 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/18/2025	5 Payee name Shutterstock	
6 Amount (\$) \$27.06 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 350 Fifth Avenue New York, NY 10118	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Asset Purchase
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/21/2025	Payee name Small PDF	
Amount (\$) \$12.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 101 West Renner Road Richardson, TX 75082	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/29/2025	Payee name Sonic Drive-In	
Amount (\$) \$11.76 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/27/2025	5 Payee name Spectrum	
6 Amount (\$) \$120.62 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Utility Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Spectrum		
Amount (\$) \$120.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Utility Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Spectrum		
Amount (\$) \$120.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Utility Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Spectrum		
Amount (\$) \$120.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Utility Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/25/2025	5 Payee name Spectrum	
6 Amount (\$) \$120.62 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Utility Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/27/2025	Candidate/Officeholder name Office sought Office held	
Payee name Spectrum		
Amount (\$) \$120.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Utility Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name Starbucks		
Amount (\$) \$28.52 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7017 N. 10th Street McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/40 Rpt:		2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985	
4 Date 05/01/2025		5 Payee name Starbucks			
6 Amount (\$) \$14.18 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code 7017 N. 10th Street McAllen, TX 78504			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 01/02/2025		Payee name Sunoco			
Amount (\$) \$45.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 2100 W Trenton Rd Edinburg, TX 78539			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 01/03/2025		Payee name Sunoco			
Amount (\$) \$46.76 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 2100 W Trenton Rd Edinburg, TX 78539			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/17/2025	5 Payee name Sunoco	
6 Amount (\$) \$68.12 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2100 W Trenton Rd Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/07/2025	Candidate/Officeholder name Supersave Foods	
Amount (\$) \$31.21 <input type="checkbox"/> Expenditure from corporate funds	Office sought TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/15/2025	Candidate/Officeholder name Tsunami Sushi	
Amount (\$) \$48.94 <input type="checkbox"/> Expenditure from corporate funds	Office sought TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 01/06/2025	5 Payee name Viet Bites	
6 Amount (\$) \$89.87 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/24/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$7.44 <input type="checkbox"/> Expenditure from corporate funds	Payee name Wal Mart Payee address; City; State; Zip Code 1421 W Frontage Rd Alamo, TX 78516	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/20/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$61.60 <input type="checkbox"/> Expenditure from corporate funds	Payee name Wal Mart Payee address; City; State; Zip Code 1421 W Frontage Rd Alamo, TX 78516	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 36/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 04/28/2025	5 Payee name Wal Mart	
6 Amount (\$) \$25.66 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1421 W Frontage Rd Alamo, TX 78516	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wal Mart		
Amount (\$) \$10.36 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1421 W Frontage Rd Alamo, TX 78516	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/04/2025	Candidate/Officeholder name Office sought Office held	
Payee name Walmart		
Amount (\$) \$9.78 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1421 E Frontage Rd Alamo, TX 78516	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 37/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 02/14/2025	5 Payee name Walmart	
6 Amount (\$) \$27.23 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1421 E Frontage Rd Alamo, TX 78516	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/20/2025	Candidate/Officeholder name Wendy's Office sought Office held	
Amount (\$) \$4.96 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1108 E Jackson Ave McAllen, TX 78503	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/21/2025	Candidate/Officeholder name Wendy's Office sought Office held	
Amount (\$) \$49.77 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1108 E Jackson Ave McAllen, TX 78503	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 38/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 05/05/2025	5 Payee name Wendy's	
6 Amount (\$) \$19.47 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1108 E Jackson Ave McAllen, TX 78503	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/17/2025	Payee name Whataburger	
Amount (\$) \$9.08 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7101 N 10th St McAllen, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/01/2025	Payee name Wingstop	
Amount (\$) \$26.17 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 39/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 03/03/2025	5 Payee name Wix.Com	
6 Amount (\$) \$38.97 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2601 Mission Street San Francisco, CA 94110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wix.Com		
Amount (\$) \$38.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2601 Mission Street San Francisco, CA 94110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wix.Com		
Amount (\$) \$38.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2601 Mission Street San Francisco, CA 94110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 40/40 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 06/03/2025	5 Payee name Wix.Com	
6 Amount (\$) \$38.97 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2601 Mission Street San Francisco, CA 94110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/03/2025	Candidate/Officeholder name Payee name Wix.com	
Amount (\$) \$38.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 Gansevoort St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/06/2025	Candidate/Officeholder name Payee name Wix.com	
Amount (\$) \$38.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 Gansevoort St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		