

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) 00085309	2 Total pages filed: 60	
3 COMMITTEE NAME The 134 Political Action Committee			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 P. O. Box 357 Mineral Wells, TX 76068			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Carla S. NICKNAME LAST SUFFIX Porter			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 293 Palo Pinto, TX 76484			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 293 Palo Pinto, TX 76484			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 329-0514			
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 Month Day Year 01/01/2025 THROUGH 06/30/2025			
11 ELECTION	ELECTION DATE Month Day Year 05/03/2025		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Municipal	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME The 134 Political Action Committee		13 Filer ID (Ethics Commission Filers) 00085309
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 checked="" 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)	\$ 25,582.34
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,177.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,845.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mrs. Carla S. Porter

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 60

17 COMMITTEE NAME The 134 Political Action Committee		18 Filer ID (Ethics Commission Filers) 00085309
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,582.34
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	\$ 18,177.92
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: 1/36 Rpt: 4/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agnello, Mary <hr/> 6 Contributor address; City; State; Zip Code La Grange, TX 00000	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Michael <hr/> Contributor address; City; State; Zip Code San Antonio , TX 00000	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Assata, Julie <hr/> Contributor address; City; State; Zip Code Elgin, TX 78621-1616	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BHT PAC, Blue Horizon Texas PAC <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78278	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) not applicable		Employer (See Instructions) not applicable
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Stephanie <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Home health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/36 Rpt: 5/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bastrop County Democratic Party <hr/> 6 Contributor address; City; State; Zip Code Bastrop , TX 78602	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beebe, Hilary <hr/> Contributor address; City; State; Zip Code Marfa, TX 79843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beebe, Hilary <hr/> Contributor address; City; State; Zip Code Marfa, TX 79843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beebe, Hilary <hr/> Contributor address; City; State; Zip Code Marfa, TX 79843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 04/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beebe, Hilary <hr/> Contributor address; City; State; Zip Code Marfa, TX 79843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/36 Rpt: 6/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 05/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beebe, Hilary 6 Contributor address; City; State; Zip Code Marfa, TX 79843	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Designer		9 Employer (See Instructions) Self
Date 06/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beebe, Hilary Contributor address; City; State; Zip Code Marfa, TX 79843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blazek, Maria Contributor address; City; State; Zip Code Bastrop , TX 78602	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowers, Neil Contributor address; City; State; Zip Code Cleburne, TX 76033-7504	Amount of Contribution (\$) \$452.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnett County Democratic Party Contributor address; City; State; Zip Code Marble Falls , TX 76654	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/36 Rpt: 7/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 01/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caraway, Bea 6 Contributor address; City; State; Zip Code San Antonio, TX 78212	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Librarian		9 Employer (See Instructions) Trinity University
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caraway, Bea Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Trinity University
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caraway, Bea Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Trinity University
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caraway, Bea Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Trinity University
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Kimberly Contributor address; City; State; Zip Code Como, TX 75431	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Ins agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/36 Rpt: 8/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 01/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cravens, Richie 6 Contributor address; City; State; Zip Code Mertzon, TX 76941	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cravens, Richie Contributor address; City; State; Zip Code Mertzon, TX 76941	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cravens, Richie Contributor address; City; State; Zip Code Mertzon, TX 76941	Amount of Contribution (\$) \$25.00
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#: _____) Cravens, Richie Contributor address; City; State; Zip Code Mertzon, TX 76941	Amount of Contribution (\$) \$25.00
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#: _____) Cravens, Richie Contributor address; City; State; Zip Code Mertzon, TX 76941	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: 6/36 Rpt: 9/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cravens, Richie <hr/> 6 Contributor address; City; State; Zip Code Mertzon, TX 76941	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criss, Susan <hr/> Contributor address; City; State; Zip Code Salado, TX 76571	Amount of Contribution (\$) \$600.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Criss & Rousseau Law Firm.L.L.P.
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eventbrite <hr/> Contributor address; City; State; Zip Code San Fransico, CA 94103	Amount of Contribution (\$) \$8,012.34
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finke, Douglas <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sr. Copywriter		Employer (See Instructions) Radancy
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finke, Douglas <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sr. Copywriter		Employer (See Instructions) Radancy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/36 Rpt: 10/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Janice & Rudd 6 Contributor address; City; State; Zip Code Bastrop, TX 78602	7 Amount of Contribution (\$) \$25.00
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#: _____) Gibson, John Contributor address; City; State; Zip Code Lubbock, TX 79407	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) GibsonFirm
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, John Contributor address; City; State; Zip Code Lubbock, TX 79407	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) GibsonFirm
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, John Contributor address; City; State; Zip Code Lubbock, TX 79407	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) GibsonFirm
Date 02/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, John Contributor address; City; State; Zip Code Lubbock, TX 79407	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) GibsonFirm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/36 Rpt: 11/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 03/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, John 6 Contributor address; City; State; Zip Code Lubbock, TX 79407	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) GibsonFirm
Date 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, John Contributor address; City; State; Zip Code Lubbock, TX 79407	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) GibsonFirm
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, John Contributor address; City; State; Zip Code Lubbock, TX 79407	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) GibsonFirm
Date 04/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, John Contributor address; City; State; Zip Code Lubbock, TX 79407	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) GibsonFirm
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, John Contributor address; City; State; Zip Code Lubbock, TX 79407	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) GibsonFirm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/36 Rpt: 12/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 05/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, John <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79407	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) GibsonFirm
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, John <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79407	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) GibsonFirm
Date 06/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, John <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79407	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) GibsonFirm
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Samuel <hr/> Contributor address; City; State; Zip Code bertram, TX 78605	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CNC Programmer		Employer (See Instructions) Kirby Precision Machine
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Samuel <hr/> Contributor address; City; State; Zip Code bertram, TX 78605	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CNC Programmer		Employer (See Instructions) Kirby Precision Machine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/36 Rpt: 13/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grizzard, Joe <hr/> 6 Contributor address; City; State; Zip Code Boyd, TX 76023	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guy Stuart <hr/> Contributor address; City; State; Zip Code Burnet , TX 78611	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEROD, BRIAN <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77252	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) assistant director		Employer (See Instructions) University of Texas Houston
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEROD, BRIAN <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77252	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) assistant director		Employer (See Instructions) University of Texas Houston
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEROD, BRIAN <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77252	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) assistant director		Employer (See Instructions) University of Texas Houston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/36 Rpt: 14/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 04/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEROD, BRIAN 6 Contributor address; City; State; Zip Code HOUSTON, TX 77252	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) assistant director		9 Employer (See Instructions) University of Texas Houston
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEROD, BRIAN Contributor address; City; State; Zip Code HOUSTON, TX 77252	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) assistant director		Employer (See Instructions) University of Texas Houston
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEROD, BRIAN Contributor address; City; State; Zip Code HOUSTON, TX 77252	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) assistant director		Employer (See Instructions) University of Texas Houston
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hester, Michael Contributor address; City; State; Zip Code MINERAL WELLS, TX 76067	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) security		Employer (See Instructions) SecureOne
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hester, Michael Contributor address; City; State; Zip Code MINERAL WELLS, TX 76067	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) security		Employer (See Instructions) SecureOne

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/36 Rpt: 15/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 03/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hester, Michael 6 Contributor address; City; State; Zip Code MINERAL WELLS, TX 76067	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) security		9 Employer (See Instructions) SecureOne
Date 04/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hester, Michael Contributor address; City; State; Zip Code MINERAL WELLS, TX 76067	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) security		Employer (See Instructions) SecureOne
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hester, Michael Contributor address; City; State; Zip Code MINERAL WELLS, TX 76067	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) security		Employer (See Instructions) SecureOne
Date 06/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hester, Michael Contributor address; City; State; Zip Code MINERAL WELLS, TX 76067	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) security		Employer (See Instructions) SecureOne
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Highland Lake Democratic Women Contributor address; City; State; Zip Code Marble Falls , TX 78654	Amount of Contribution (\$) \$600.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/36 Rpt: 16/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hightower, Jim <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Jim Hightower & Associates
Date 01/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogg, Jon Mark <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76901	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self-Employed
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogg, Jon Mark <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76901	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self-Employed
Date 06/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogg, Jon Mark <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76901	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self-Employed
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, ALLYSON <hr/> Contributor address; City; State; Zip Code Elgin, TX 78621	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Investigator		Employer (See Instructions) Texas mutual

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/36 Rpt: 17/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Dock <hr/> 6 Contributor address; City; State; Zip Code Bastrop, TX 78602	7 Amount of Contribution (\$) \$200.00
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#: _____) Jackson Jr., Kevin M. <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Del Valle ISD
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacoby, Jeannette <hr/> Contributor address; City; State; Zip Code Cameron, TX 76520-3114	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Partner specialist		Employer (See Instructions) Ebay
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaworski, Joseph <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Joseph S. Jaworski P.C.
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carl <hr/> Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$275.00
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: 15/36 Rpt: 18/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Kendrick 6 Contributor address; City; State; Zip Code Prairie View , TX 77445	7 Amount of Contribution (\$) \$115.00
8 Principal occupation / Job title (See Instructions) County Commissioner		9 Employer (See Instructions) Waller County
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurgens, Brenda Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinsey, Alice Contributor address; City; State; Zip Code Dallas, TX 75203	Amount of Contribution (\$) \$75.00
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#: _____) Kinsey, Alice Contributor address; City; State; Zip Code Dallas, TX 75203	Amount of Contribution (\$) \$75.00
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#: _____) Kinsey, Alice Contributor address; City; State; Zip Code Dallas, TX 75203	Amount of Contribution (\$) \$75.00
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: 16/36 Rpt: 19/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 04/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinsey, Alice 6 Contributor address; City; State; Zip Code Dallas, TX 75203	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinsey, Alice Contributor address; City; State; Zip Code Dallas, TX 75203	Amount of Contribution (\$) \$75.00
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#: _____) Kinsey, Alice Contributor address; City; State; Zip Code Dallas, TX 75203	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krahn, Bonny Contributor address; City; State; Zip Code Wimberley, TX 78676	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nonprofit 501c3		Employer (See Instructions) Bonny Krahn
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krausse, Annette Contributor address; City; State; Zip Code Dallas, TX 73703	Amount of Contribution (\$) \$80.00
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: 17/36 Rpt: 20/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 01/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lackey, Cynthia 6 Contributor address; City; State; Zip Code San Angelo, TX 76901	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) San Angelo Early Childhood Center
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lackey, Cynthia Contributor address; City; State; Zip Code San Angelo, TX 76901	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) San Angelo Early Childhood Center
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lackey, Cynthia Contributor address; City; State; Zip Code San Angelo, TX 76901	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) San Angelo Early Childhood Center
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lackey, Cynthia Contributor address; City; State; Zip Code San Angelo, TX 76901	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) San Angelo Early Childhood Center
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lackey, Cynthia Contributor address; City; State; Zip Code San Angelo, TX 76901	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) San Angelo Early Childhood Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/36 Rpt: 21/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lackey, Cynthia <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76901	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) San Angelo Early Childhood Center
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lance, Jan <hr/> Contributor address; City; State; Zip Code Austin, TX 78727	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Letson, Sonya <hr/> Contributor address; City; State; Zip Code Claude, TX 79019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Link, Jacob <hr/> Contributor address; City; State; Zip Code Hereford, TX 79045	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) Laurel Strategies
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Link, Jacob <hr/> Contributor address; City; State; Zip Code Hereford, TX 79045	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) Laurel Strategies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/36 Rpt: 22/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 03/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Link, Jacob 6 Contributor address; City; State; Zip Code Hereford, TX 79045	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Associate		9 Employer (See Instructions) Laurel Strategies
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Link, Jacob Contributor address; City; State; Zip Code Hereford, TX 79045	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) Laurel Strategies
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Link, Jacob Contributor address; City; State; Zip Code Hereford, TX 79045	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) Laurel Strategies
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Link, Jacob Contributor address; City; State; Zip Code Hereford, TX 79045	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) Laurel Strategies
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Tanya Contributor address; City; State; Zip Code Lockhart, TX 78644	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Lockhart ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/36 Rpt: 23/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maciques, Claire <hr/> 6 Contributor address; City; State; Zip Code Bastrop, TX 78602	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahoney, TIM <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahoney, Tim <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Lawyer & Com. Planner		Employer (See Instructions) self
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahoney, Tim <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Lawyer & Com. Planner		Employer (See Instructions) self
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahoney, Tim <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Lawyer & Com. Planner		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/36 Rpt: 24/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Lisa <hr/> 6 Contributor address; City; State; Zip Code Bremond, TX 76629	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) Not employed
Date 05/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minor, Louie <hr/> Contributor address; City; State; Zip Code Killeen, TX 76541	Amount of Contribution (\$) \$600.00
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Bell County
Date 05/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moyer DeFelice, Rebecca <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Emerge TX
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muñoz, Alfredo <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78644	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nixon, Angela <hr/> Contributor address; City; State; Zip Code BASTROP, TX 78602	Amount of Contribution (\$) \$600.00
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: 22/36 Rpt: 25/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oldham, Mike <hr/> 6 Contributor address; City; State; Zip Code Smithville , TX 78957	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Kimberly <hr/> Contributor address; City; State; Zip Code Mineral Wells, TX 76067	Amount of Contribution (\$) \$250.00
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#: _____) Parr, Kay <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76086	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Consult		Employer (See Instructions) Self
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pendleton, Brian <hr/> Contributor address; City; State; Zip Code Houston, TX 77081	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Community Engagement		Employer (See Instructions) Harris County
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peyson, Robin <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Communities for Recovery

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/36 Rpt: 26/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 01/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Sheryl <hr/> 6 Contributor address; City; State; Zip Code New Waverly, TX 77358	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Faa		9 Employer (See Instructions) Atcs
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Sheryl <hr/> Contributor address; City; State; Zip Code New Waverly, TX 77358	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Faa		Employer (See Instructions) Atcs
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Sheryl <hr/> Contributor address; City; State; Zip Code New Waverly, TX 77358	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Faa		Employer (See Instructions) Atcs
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Sheryl <hr/> Contributor address; City; State; Zip Code New Waverly, TX 77358	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Faa		Employer (See Instructions) Atcs
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Sheryl <hr/> Contributor address; City; State; Zip Code New Waverly, TX 77358	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Faa		Employer (See Instructions) Atcs

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/36 Rpt: 27/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Sheryl 6 Contributor address; City; State; Zip Code New Waverly, TX 77358	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Faa		9 Employer (See Instructions) Atcs
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Progressive Caucus Contributor address; City; State; Zip Code Lampasas, TX 76550	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDSON, BRUCE Contributor address; City; State; Zip Code Alpine, TX 79830	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Self
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seifert, Sandra Contributor address; City; State; Zip Code San Angelo, TX 76901	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pediatrician		Employer (See Instructions) Shannon Clinic
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seifert, Sandra Contributor address; City; State; Zip Code San Angelo, TX 76901	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pediatrician		Employer (See Instructions) Shannon Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/36 Rpt: 28/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 03/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seifert, Sandra <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76901	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Pediatrician		9 Employer (See Instructions) Shannon Clinic
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seifert, Sandra <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76901	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pediatrician		Employer (See Instructions) Shannon Clinic
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seifert, Sandra <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76901	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pediatrician		Employer (See Instructions) Shannon Clinic
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seifert, Sandra <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76901	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pediatrician		Employer (See Instructions) Shannon Clinic
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Rebecca <hr/> Contributor address; City; State; Zip Code La Grange, TX 78945-1303	Amount of Contribution (\$) \$55.00
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: 26/36 Rpt: 29/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 01/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Susan 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Susan Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$30.00
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#: _____) Stewart, Susan Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$30.00
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#: _____) Stiteler, Mary Contributor address; City; State; Zip Code Bastrop , TX 78621	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strain-Seymour, Ellen Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$80.00
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: 27/36 Rpt: 30/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 01/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stribling, Shelly 6 Contributor address; City; State; Zip Code San angelo, TX 76904	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stribling, Shelly Contributor address; City; State; Zip Code San angelo, TX 76904	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stribling, Shelly Contributor address; City; State; Zip Code San angelo, TX 76904	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stribling, Shelly Contributor address; City; State; Zip Code San angelo, TX 76904	Amount of Contribution (\$) \$25.00
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#: _____) Stribling, Shelly Contributor address; City; State; Zip Code San angelo, TX 76904	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: 28/36 Rpt: 31/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 03/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stribling, Shelly <hr/> 6 Contributor address; City; State; Zip Code San angelo, TX 76904	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stribling, Shelly <hr/> Contributor address; City; State; Zip Code San angelo, TX 76904	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stribling, Shelly <hr/> Contributor address; City; State; Zip Code San angelo, TX 76904	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stribling, Shelly <hr/> Contributor address; City; State; Zip Code San angelo, TX 76904	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart, Guy <hr/> Contributor address; City; State; Zip Code Burnet, TX 78611	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/36 Rpt: 32/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 02/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart, Guy 6 Contributor address; City; State; Zip Code Burnet, TX 78611	7 Amount of Contribution (\$) \$10.00
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#: _____) Stuart, Guy Contributor address; City; State; Zip Code Burnet, TX 78611	Amount of Contribution (\$) \$10.00
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#: _____) Stuart, Guy Contributor address; City; State; Zip Code Burnet, TX 78611	Amount of Contribution (\$) \$10.00
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#: _____) Stuart, Guy Contributor address; City; State; Zip Code Burnet, TX 78611	Amount of Contribution (\$) \$10.00
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#: _____) Stuart, Guy Contributor address; City; State; Zip Code Burnet, TX 78611	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: 30/36 Rpt: 33/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart, Guy <hr/> 6 Contributor address; City; State; Zip Code Burnet, TX 78611	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart , Vicki <hr/> Contributor address; City; State; Zip Code Burnet , TX 78611	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Heidi <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) R.N. And Professor		Employer (See Instructions) Texas Wesleyan u.
Date 02/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Heidi <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) R.N. And Professor		Employer (See Instructions) Texas Wesleyan u.
Date 03/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Heidi <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) R.N. And Professor		Employer (See Instructions) Texas Wesleyan u.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/36 Rpt: 34/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 04/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Heidi <hr/> 6 Contributor address; City; State; Zip Code Canyon, TX 79015	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) R.N. And Professor		9 Employer (See Instructions) Texas Wesleyan u.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Heidi <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) R.N. And Professor		Employer (See Instructions) Texas Wesleyan u.
Date 06/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Heidi <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) R.N. And Professor		Employer (See Instructions) Texas Wesleyan u.
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Organizing Project <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78207	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Suzann <hr/> Contributor address; City; State; Zip Code Dubin, TX 76446	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) artist and writer		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/36 Rpt: 35/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 02/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Suzann 6 Contributor address; City; State; Zip Code Dubin, TX 76446	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) artist and writer		9 Employer (See Instructions) self
Date 03/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Suzann Contributor address; City; State; Zip Code Dubin, TX 76446	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) artist and writer		Employer (See Instructions) self
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Suzann Contributor address; City; State; Zip Code Dubin, TX 76446	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) artist and writer		Employer (See Instructions) self
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Suzann Contributor address; City; State; Zip Code Dubin, TX 76446	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) artist and writer		Employer (See Instructions) self
Date 06/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Suzann Contributor address; City; State; Zip Code Dubin, TX 76446	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) artist and writer		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/36 Rpt: 36/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Ruth <hr/> 6 Contributor address; City; State; Zip Code Bastrop, TX 78602	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Ruth <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turknett, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Microsoft
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turknett, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Microsoft
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turknett, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Microsoft

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/36 Rpt: 37/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 04/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turknett, Robert 6 Contributor address; City; State; Zip Code Austin, TX 78723	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Microsoft
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turknett, Robert Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Microsoft
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turknett, Robert Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Microsoft
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vear, Pam Contributor address; City; State; Zip Code Bastrop , TX 78621	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 05/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Bryan Contributor address; City; State; Zip Code Highland, MI 48357	Amount of Contribution (\$) \$600.00
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: 35/36 Rpt: 38/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 01/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, Michael 6 Contributor address; City; State; Zip Code Brooklyn, NY 11217	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) John Jay College of Criminal Justice
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, Michael Contributor address; City; State; Zip Code Brooklyn, NY 11217	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) John Jay College of Criminal Justice
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, Michael Contributor address; City; State; Zip Code Brooklyn, NY 11217	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) John Jay College of Criminal Justice
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, Michael Contributor address; City; State; Zip Code Brooklyn, NY 11217	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) John Jay College of Criminal Justice
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, Michael Contributor address; City; State; Zip Code Brooklyn, NY 11217	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) John Jay College of Criminal Justice

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/36 Rpt: 39/60
2 FILER NAME The 134 Political Action Committee		3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, Michael <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11217	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) John Jay College of Criminal Justice
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Rachel <hr/> Contributor address; City; State; Zip Code Leakey, TX 78873	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Talking River Psychotherapy
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) jones, carl <hr/> Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$150.00
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#: _____) mueller, carolina <hr/> Contributor address; City; State; Zip Code Elgin, TX 78621	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) program director		Employer (See Instructions) national young farmers coalition

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: 1/21 Rpt: 40/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/09/2025	5 Payee name Amazon	
6 Amount (\$) \$87.48 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 410 Terry Ave North Seattle , WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amazon		
Amount (\$) \$23.45 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave North Seattle , WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Material. printing for Rural Summit
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/15/2025	Candidate/Officeholder name Office sought Office held	
Payee name Bastrop Convention Center		
Amount (\$) \$6,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1408 Chesnut Street St B Bastrop , TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rural Texas Summit payment for rental of Convention Center
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/21 Rpt: 41/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 04/24/2025	5 Payee name Bastrop Convention Center	
6 Amount (\$) \$30.90 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1408 Chesnut Street St B Bastrop , TX 78602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for online payment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/03/2025	Candidate/Officeholder name Bastrop Copier	
Amount (\$) \$1,100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1002 Main Street Bastrop Texas , TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Materials programs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/17/2025	Candidate/Officeholder name CODA	
Amount (\$) \$340.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 Watercourse Way Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for supplies for Rural Texas Summit
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: 3/21 Rpt: 42/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/13/2025	5 Payee name Deep End Subs	
6 Amount (\$) \$3,247.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6401 Airport Blvd Austin , TX 78752	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Rural Texas Summit
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name First Financial Bank		
Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Pine Street Abilene, TX 79601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for bank statement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/15/2025	Candidate/Officeholder name Office sought Office held	
Payee name First Financial Bank		
Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Pine Street Abilene, TX 79601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for Positive Pay on Bank Acct
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: 4/21 Rpt: 43/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 02/03/2025	5 Payee name First Financial Bank	
6 Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 400 Pine Street Abilene, TX 79601	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly statement fee
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 First Financial Bank		
Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Pine Street Abilene, TX 79601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for Positive Pay on Bank Acct
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name First Financial Bank		
Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Pine Street Abilene, TX 79601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Bank Statement
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: 5/21 Rpt: 44/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 03/17/2025	5 Payee name First Financial Bank	
6 Amount (\$) \$29.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 400 Pine Street Abilene, TX 79601	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Banking for Positive Pay
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/15/2025	Candidate/Officeholder name Office sought Office held	
Payee name First Financial Bank		
Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Pine Street Abilene, TX 79601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee for Positive Pay
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/15/2025	Candidate/Officeholder name Office sought Office held	
Payee name First Financial Bank		
Amount (\$) \$29.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Pine Street Abilene, TX 79601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for Positive Pay
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: 6/21 Rpt: 45/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/04/2025	5 Payee name First Financial Bank	
6 Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 400 Pine Street Abilene, TX 79601	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fee for a wire transfer
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/16/2025	Payee name First Financial Bank	
Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Pine Street Abilene, TX 79601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for Positive Pay
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2025	Payee name Google	
Amount (\$) \$46.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1600 Ampitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee for Google Workspace
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/21 Rpt: 46/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 02/03/2025	5 Payee name Google	
6 Amount (\$) \$58.05 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1600 Ampitheatre Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee for Google workspace
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Google		
Amount (\$) \$46.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1600 Ampitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for Google workspace
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name Google		
Amount (\$) \$46.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1600 Ampitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthl fee for Google Workspace
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: 8/21 Rpt: 47/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/02/2025	5 Payee name Google	
6 Amount (\$) \$53.73 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1600 Ampitheatre Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee Google workspace
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/19/2025	Candidate/Officeholder name Office sought Office held	
Payee name Hilton Hotel		
Amount (\$) \$169.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 240 South Hasler Bastrop , TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/17/2025	Candidate/Officeholder name Office sought Office held	
Payee name Holiday Inn		
Amount (\$) \$519.83 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 491 Agnes Street Bastrop , TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Room Rental for Rural Texas Summit
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: 9/21 Rpt: 48/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 01/15/2025	5 Payee name Later.com	
6 Amount (\$) \$42.64 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 88 E Pender Street Vancouver Canada	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for Social Media Management
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 Later.com		
Amount (\$) \$42.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 88 E Pender Street Vancouver Canada	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for Social Media Management
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/17/2025	Candidate/Officeholder name Office sought Office held	
Payee name Later.com		
Amount (\$) \$42.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 88 E Pender Street Vancouver Canada	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for Social Media Management
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: 10/21 Rpt: 49/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 04/15/2025	5 Payee name Later.com	
6 Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 88 E Pender Street Vancouver Canada	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee Social Media Management
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/15/2025	Candidate/Officeholder name Office sought Office held	
Payee name Later.com		
Amount (\$) \$42.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 88 E Pender Street Vancouver Canada	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee for Social Media Management
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/16/2025	Candidate/Officeholder name Office sought Office held	
Payee name Later.com		
Amount (\$) \$42.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 88 E Pender Street Vancouver Canada	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee Social Media Management
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: 11/21 Rpt: 50/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/03/2025	5 Payee name Little Mac's Smokehouse	
6 Amount (\$) \$3,600.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 140 FM 1209 Cedar Creek , TX 78612	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner for Rural Texas Summit
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2025	Payee name Otter	
Amount (\$) \$33.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 800 W El Camino Real, Suite 17 Mountain View , CA 94040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for meeting and note taking, electronic storage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/07/2025	Payee name Otter	
Amount (\$) \$78.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 800 W El Camino Real, Suite 17 Mountain View , CA 94040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee for workspace, note taking and meeting space
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: 12/21 Rpt: 51/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 04/07/2025	5 Payee name Otter	
6 Amount (\$) \$95.94 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 800 W El Camino Real, Suite 17 Mountain View , CA 94040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly workspace, meeting, note, and record sharing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/07/2025	Payee name Otter	
Amount (\$) \$95.94 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 800 W El Camino Real, Suite 17 Mountain View , CA 94040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for meeting, notes, storage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/09/2025	Payee name Otter	
Amount (\$) \$95.94 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 800 W El Camino Real, Suite 17 Mountain View , CA 94040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee for meeting, space, notes, storage
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: 13/21 Rpt: 52/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 06/09/2025	5 Payee name PrintPlace.com	
6 Amount (\$) \$773.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1130 Avenue H East Arlington, TX 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print material for Rural Texas Summit
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/03/2025	Candidate/Officeholder name Progress Texas	
Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO BOX 132162 Dallas , TX 75313	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee Event Rural Texas
		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/12/2025	Candidate/Officeholder name Slack	
Amount (\$) \$4.67 <input type="checkbox"/> Expenditure from corporate funds	Office sought 415 Mission Street San Fransico , CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee Communication
		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: 14/21 Rpt: 53/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 04/15/2025	5 Payee name Slack	
6 Amount (\$) \$13.26 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 415 Mission Street San Fransico , CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly work sharing information / Communication
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/12/2025	Payee name Slack	
Amount (\$) \$4.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 415 Mission Street San Fransico , CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for meeting and communication
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/12/2025	Payee name Slack	
Amount (\$) \$9.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 415 Mission Street San Fransico , CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee for communication
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: 15/21 Rpt: 54/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 05/16/2025	5 Payee name Specialty Advantage Insurance Services	
6 Amount (\$) \$305.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 222 S. Harbor Blvd #900 Anaheim , CA 92805	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Insurance fee for event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/17/2025	Candidate/Officeholder name Suzzanna Chofell	
Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1400 FM 1209 Cedar Creek, TX 78612	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Musical fees for Rural Summit
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/27/2025	Candidate/Officeholder name Zoom	
Amount (\$) \$17.04 <input type="checkbox"/> Expenditure from corporate funds	Office sought 55 Almaden Blvd 6th Floor San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for Video Conferencing
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: 16/21 Rpt: 55/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 02/27/2025	5 Payee name Zoom	
6 Amount (\$) \$17.04 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 55 Almaden Blvd 6th Floor San Jose, CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Video Conferencing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/27/2025	Payee name Zoom	
Amount (\$) \$17.04 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 55 Almaden Blvd 6th Floor San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly video Conference
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/28/2025	Payee name Zoom	
Amount (\$) \$17.04 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 55 Almaden Blvd 6th Floor San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee for video conferencing
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: 17/21 Rpt: 56/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 05/27/2025	5 Payee name Zoom	
6 Amount (\$) \$17.04 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 55 Almaden Blvd 6th Floor San Jose, CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for video conferencing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2025	Payee name Zoom	
Amount (\$) \$18.11 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 55 Almaden Blvd 6th Floor San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Video Conferencing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2025	Payee name iPay	
Amount (\$) \$4.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 918 Abner Waycross, GA 31501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ipay for monthly bill pay
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/21 Rpt: 57/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 02/28/2025	5 Payee name iPay	
6 Amount (\$) \$4.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 918 Abner Waycross, GA 31501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee for bill pay
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name iPay		
Amount (\$) \$4.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 918 Abner Waycross, GA 31501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly bill pay
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name iPay		
Amount (\$) \$4.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 918 Abner Waycross, GA 31501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee for bill pay
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: 19/21 Rpt: 58/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 05/30/2025	5 Payee name iPay	
6 Amount (\$) \$4.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 918 Abner Waycross, GA 31501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Bill pay
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/30/2025	Payee name iPay	
Amount (\$) \$4.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 918 Abner Waycross, GA 31501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Bill Pay
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/27/2025	Payee name wix.com	
Amount (\$) \$31.39 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 500 Tery A Francois Blvd San Francisco , CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Monthly Fee
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: 20/21 Rpt: 59/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 02/26/2025	5 Payee name wix.com	
6 Amount (\$) \$31.39 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 500 Tery A Francois Blvd San Fransciso , CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly website fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/27/2025	Candidate/Officeholder name Office sought Office held	
Payee name wix.com		
Amount (\$) \$31.39 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 500 Tery A Francois Blvd San Fransciso , CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly website fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name wix.com		
Amount (\$) \$31.39 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 500 Tery A Francois Blvd San Fransciso , CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for website
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: 21/21 Rpt: 60/60	2 FILER NAME The 134 Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085309
4 Date 05/27/2025	5 Payee name wix.com	
6 Amount (\$) \$31.39 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 500 Tery A Francois Blvd San Francisco , CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for website
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name wix.com		
Amount (\$) \$31.39 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 500 Tery A Francois Blvd San Francisco , CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Website fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		