

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) 00018807	2 Total pages filed: 143
3 COMMITTEE NAME State COPE Fund			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 12727 Austin, TX 78711		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Rick NICKNAME LAST SUFFIX Levy		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1106 Lavaca Suite 200 Austin, TX 78701		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 477-6195		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 01/01/2025 THROUGH Month Day Year 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME State COPE Fund		13 Filer ID (Ethics Commission Filers) 00018807
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,005.44
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 185.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 39,107.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p style="text-align: right;">Mr. Rick Levy _____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>		

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 143

17 COMMITTEE NAME State COPE Fund		18 Filer ID (Ethics Commission Filers) 00018807
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28,832.76
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 checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 172.68
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	\$ 185.73
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: 1/136 Rpt: 4/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Leonard <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666	7 Amount of Contribution (\$) \$27.78
8 Principal occupation / Job title (See Instructions) Union Officer		9 Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Leonard <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Leonard <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Leonard <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Leonard <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/136 Rpt: 5/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Leonard 6 Contributor address; City; State; Zip Code San Marcos, TX 78666	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Union Officer		9 Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Claretta Contributor address; City; State; Zip Code Tyler, TX 75702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amps, Emily Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$27.78
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amps, Emily Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amps, Emily Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/136 Rpt: 6/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amps, Emily 6 Contributor address; City; State; Zip Code Buda, TX 78610	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amps, Emily Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amps, Emily Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Dennis Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jackie Contributor address; City; State; Zip Code Houston, TX 77078	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/136 Rpt: 7/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jackie 6 Contributor address; City; State; Zip Code Houston, TX 77078	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Union Officer		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jackie Contributor address; City; State; Zip Code Houston, TX 77078	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jackie Contributor address; City; State; Zip Code Houston, TX 77078	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jackie Contributor address; City; State; Zip Code Houston, TX 77078	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jackie Contributor address; City; State; Zip Code Houston, TX 77078	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/136 Rpt: 8/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barreto, Fabiola <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Project Coordinator		9 Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barreto, Fabiola <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Project Coordinator		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barreto, Fabiola <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Project Coordinator		Employer (See Instructions)
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barreto, Fabiola <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Project Coordinator		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barreto, Fabiola <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Project Coordinator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barreto, Fabiola <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Project Coordinator		9 Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton Jr., James <hr/> Contributor address; City; State; Zip Code Orange, TX 77630	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Steelworker		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beard, David <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75501	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Tire Builder		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beuerlein, Joe <hr/> Contributor address; City; State; Zip Code West, TX 76691	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanks, Bryan <hr/> Contributor address; City; State; Zip Code Lancaster, TX 75146	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Bus Operator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/136 Rpt: 10/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanton, Chris 6 Contributor address; City; State; Zip Code Austin, TX 78744	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Office Manager		9 Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordovsky, Stanley Contributor address; City; State; Zip Code Houston, TX 77064	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosquez, Abel Contributor address; City; State; Zip Code Amarillo, TX 79104	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowie, Del Contributor address; City; State; Zip Code Midland, TX 79707	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Service Rep		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenneman, Ben Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/136 Rpt: 11/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisker, Calvin <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77093	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Electrician		9 Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisker, Calvin <hr/> Contributor address; City; State; Zip Code Houston, TX 77093	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisker, Calvin <hr/> Contributor address; City; State; Zip Code Houston, TX 77093	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisker, Calvin <hr/> Contributor address; City; State; Zip Code Houston, TX 77093	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisker, Calvin <hr/> Contributor address; City; State; Zip Code Houston, TX 77093	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/136 Rpt: 12/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisker, Calvin <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77093	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Electrician		9 Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Priscilla <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179-2941	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Judy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Judy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Judy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/136 Rpt: 13/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Judy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75231	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Judy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Judy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buresh, Gary <hr/> Contributor address; City; State; Zip Code Cleburne, TX 76031	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) International Rep		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Bob <hr/> Contributor address; City; State; Zip Code Austin, TX 78754-5738	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/136 Rpt: 14/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Bob 6 Contributor address; City; State; Zip Code Austin, TX 78754-5738	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Bob Contributor address; City; State; Zip Code Austin, TX 78754-5738	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Bob Contributor address; City; State; Zip Code Austin, TX 78754-5738	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Bob Contributor address; City; State; Zip Code Austin, TX 78754-5738	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Bob Contributor address; City; State; Zip Code Austin, TX 78754-5738	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/136 Rpt: 15/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Laura <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76702	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Clerk		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Laura <hr/> Contributor address; City; State; Zip Code Waco, TX 76702	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Laura <hr/> Contributor address; City; State; Zip Code Waco, TX 76702	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chenevert, Tony <hr/> Contributor address; City; State; Zip Code DeSoto, TX 75115-3487	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Philip <hr/> Contributor address; City; State; Zip Code Port Neches, TX 77651	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Operator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/136 Rpt: 16/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Philip 6 Contributor address; City; State; Zip Code Port Neches, TX 77651	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Operator		9 Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Philip Contributor address; City; State; Zip Code Port Neches, TX 77651	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Operator		Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Philip Contributor address; City; State; Zip Code Port Neches, TX 77651	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Operator		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Philip Contributor address; City; State; Zip Code Port Neches, TX 77651	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Operator		Employer (See Instructions)
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Philip Contributor address; City; State; Zip Code Port Neches, TX 77651	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Operator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/136 Rpt: 17/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comeaux, Bob 6 Contributor address; City; State; Zip Code San Antonio, TX 78232-4948	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandell, Mark Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandell, Mark Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandell, Mark Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandell, Mark Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/136 Rpt: 18/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandell, Mark 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandell, Mark Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Claude Contributor address; City; State; Zip Code Houston, TX 77088-7414	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummins, Thomas Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummins, Thomas Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/136 Rpt: 19/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummins, Thomas <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78249	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummins, Thomas <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummins, Thomas <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummins, Thomas <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Michael <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77320	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/136 Rpt: 20/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Michael 6 Contributor address; City; State; Zip Code Huntsville, TX 77320	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Michael Contributor address; City; State; Zip Code Huntsville, TX 77320	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Michael Contributor address; City; State; Zip Code Huntsville, TX 77320	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Michael Contributor address; City; State; Zip Code Huntsville, TX 77320	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Michael Contributor address; City; State; Zip Code Huntsville, TX 77320	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/136 Rpt: 21/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darby, Jeff <hr/> 6 Contributor address; City; State; Zip Code Nederland, TX 77627	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Mayor		9 Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Mary <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78227	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Leslie <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee, Richard <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Alicia <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/136 Rpt: 22/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Alicia <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78749	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) District Director		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Alicia <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Alicia <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Alicia <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Alicia <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/136 Rpt: 23/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denn, Shane <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78245	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Building Engineer		9 Employer (See Instructions)
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dent, Harmon <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewey, Andy <hr/> Contributor address; City; State; Zip Code Houston, TX 77071	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewey, Andy <hr/> Contributor address; City; State; Zip Code Houston, TX 77071	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewey, Andy <hr/> Contributor address; City; State; Zip Code Houston, TX 77071	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/136 Rpt: 24/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewey, Andy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77071	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Business Manager		9 Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewey, Andy <hr/> Contributor address; City; State; Zip Code Houston, TX 77071	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewey, Andy <hr/> Contributor address; City; State; Zip Code Houston, TX 77071	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doss, Leslie <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Traci <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/136 Rpt: 25/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Traci <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78744	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Traci <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Traci <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Traci <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Traci <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/136 Rpt: 26/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, John <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77388	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) International Rep.		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edge, Don <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edge, Don <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edge, Don <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edge, Don <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/136 Rpt: 27/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edge, Don 6 Contributor address; City; State; Zip Code San Antonio, TX 78260	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edge, Don Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmondson, Oliver Contributor address; City; State; Zip Code Grand Prairie, TX 75052	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lift Driver		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmondson, Oliver Contributor address; City; State; Zip Code Grand Prairie, TX 75052	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lift Driver		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmondson, Oliver Contributor address; City; State; Zip Code Grand Prairie, TX 75052	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lift Driver		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/136 Rpt: 28/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmondson, Oliver <hr/> 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75052	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Lift Driver		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eliano, Cheryl <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) National VP		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eliano, Cheryl <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) National VP		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eliano, Cheryl <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) National VP		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eliano, Cheryl <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) National VP		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/136 Rpt: 29/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eliano, Cheryl 6 Contributor address; City; State; Zip Code Killeen, TX 76542	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) National VP		9 Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eliano, Cheryl Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) National VP		Employer (See Instructions)
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Embree, Alice Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Embree, Alice Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Embree, Alice Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/136 Rpt: 30/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Embree, Alice <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78722	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Embree, Alice <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Embree, Alice <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Patricia <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewig, Mark <hr/> Contributor address; City; State; Zip Code Denison, TX 75020	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/136 Rpt: 31/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewig, Mark 6 Contributor address; City; State; Zip Code Denison, TX 75020	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Communications		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewig, Mark Contributor address; City; State; Zip Code Denison, TX 75020	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewig, Mark Contributor address; City; State; Zip Code Denison, TX 75020	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewig, Mark Contributor address; City; State; Zip Code Denison, TX 75020	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewig, Mark Contributor address; City; State; Zip Code Denison, TX 75020	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/136 Rpt: 32/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falks, Deborah <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78247	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions)
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Lee <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$27.78
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Lee <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Lee <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Lee <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/136 Rpt: 33/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Lee <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78754	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Lee <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galupi, Charles <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-1963	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Machinist		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galupi, Charles <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-1963	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Machinist		Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galupi, Charles <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-1963	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Machinist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/136 Rpt: 34/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamez, Katie <hr/> 6 Contributor address; City; State; Zip Code Taft, TX 78390	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Mechanic		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, John <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fleet Service Clerk		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, John <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fleet Service Clerk		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, John <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fleet Service Clerk		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, John <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fleet Service Clerk		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/136 Rpt: 35/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, John <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76012	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Fleet Service Clerk		9 Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, John <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fleet Service Clerk		Employer (See Instructions)
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Jonathan <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Ruben <hr/> Contributor address; City; State; Zip Code Rotan, TX 79546	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions)
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Ruben <hr/> Contributor address; City; State; Zip Code Rotan, TX 79546	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/136 Rpt: 36/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Ruben <hr/> 6 Contributor address; City; State; Zip Code Rotan, TX 79546	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) District Director		9 Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Ruben <hr/> Contributor address; City; State; Zip Code Rotan, TX 79546	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Ruben <hr/> Contributor address; City; State; Zip Code Rotan, TX 79546	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions)
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Ruben <hr/> Contributor address; City; State; Zip Code Rotan, TX 79546	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions)
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, Suzan <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/136 Rpt: 37/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goines, Phyllis <hr/> 6 Contributor address; City; State; Zip Code Ft. Worth, TX 76111	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Electrical Mechanic		9 Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goines, Phyllis <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76111	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrical Mechanic		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goines, Phyllis <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76111	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrical Mechanic		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goines, Phyllis <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76111	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrical Mechanic		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goines, Phyllis <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76111	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrical Mechanic		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/136 Rpt: 38/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goines, Phyllis 6 Contributor address; City; State; Zip Code Ft. Worth, TX 76111	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Electrical Mechanic		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Brian Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Aircraft Maintenance		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Brian Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Aircraft Maintenance		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Brian Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Aircraft Maintenance		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Brian Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Aircraft Maintenance		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/136 Rpt: 39/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Brian <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76012	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Aircraft Maintenance		9 Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Brian <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Aircraft Maintenance		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golightly, Maxine <hr/> Contributor address; City; State; Zip Code Hallsville, TX 75650	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, David <hr/> Contributor address; City; State; Zip Code Port Neches, TX 77651	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ana <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$48.88
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/136 Rpt: 40/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ana <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ana <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ana <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ana <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Ana <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/136 Rpt: 41/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Kelly 6 Contributor address; City; State; Zip Code San Antonio, TX 78227	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Organizer		9 Employer (See Instructions)
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Michael Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Michael Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Michael Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Michael Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/136 Rpt: 42/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Michael <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Michael <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady, Mark <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Rep.		Employer (See Instructions)
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady, Mark <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Rep.		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady, Mark <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Rep.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/136 Rpt: 43/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady, Mark <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77346	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Business Rep.		9 Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady, Mark <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Rep.		Employer (See Instructions)
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady, Mark <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Rep.		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grounds, Barry <hr/> Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Head Cable Splicer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/136 Rpt: 44/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grounds, Barry <hr/> 6 Contributor address; City; State; Zip Code La Porte, TX 77571	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Head Cable Splicer		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grounds, Barry <hr/> Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Head Cable Splicer		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grounds, Barry <hr/> Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Head Cable Splicer		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grounds, Barry <hr/> Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Head Cable Splicer		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grounds, Barry <hr/> Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Head Cable Splicer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/136 Rpt: 45/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groves, Mary 6 Contributor address; City; State; Zip Code Pearland, TX 77584	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guild, Lauren Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lead Field Organizer		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guild, Lauren Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lead Field Organizer		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guild, Lauren Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lead Field Organizer		Employer (See Instructions)
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guild, Lauren Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lead Field Organizer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/136 Rpt: 46/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guild, Lauren <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78722	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Lead Field Organizer		9 Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guild, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lead Field Organizer		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hackleman, Zetta <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Jennifer <hr/> Contributor address; City; State; Zip Code Humble, TX 77396	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Political Director		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetzel, Edna <hr/> Contributor address; City; State; Zip Code Mont Belvieu, TX 77523	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/136 Rpt: 47/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetzel, Edna <hr/> 6 Contributor address; City; State; Zip Code Mont Belvieu, TX 77523	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Electrician		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetzel, Edna <hr/> Contributor address; City; State; Zip Code Mont Belvieu, TX 77523	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetzel, Edna <hr/> Contributor address; City; State; Zip Code Mont Belvieu, TX 77523	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hetzel, Edna <hr/> Contributor address; City; State; Zip Code Mont Belvieu, TX 77523	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Mike <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/136 Rpt: 48/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Mike <hr/> 6 Contributor address; City; State; Zip Code Aubrey, TX 76227	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Mike <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Mike <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Mike <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Mike <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/136 Rpt: 49/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Seth 6 Contributor address; City; State; Zip Code Austin, TX 78758	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Organizing Coordinator		9 Employer (See Instructions)
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Seth Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Organizing Coordinator		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Seth Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Organizing Coordinator		Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Seth Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Organizing Coordinator		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Seth Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Organizing Coordinator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/136 Rpt: 50/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Seth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78758	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Organizing Coordinator		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javior, Paul <hr/> Contributor address; City; State; Zip Code Adkins, TX 78101	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javior, Paul <hr/> Contributor address; City; State; Zip Code Adkins, TX 78101	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javior, Paul <hr/> Contributor address; City; State; Zip Code Adkins, TX 78101	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javior, Paul <hr/> Contributor address; City; State; Zip Code Adkins, TX 78101	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/136 Rpt: 51/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javior, Paul 6 Contributor address; City; State; Zip Code Adkins, TX 78101	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javior, Paul Contributor address; City; State; Zip Code Adkins, TX 78101	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/136 Rpt: 52/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie 6 Contributor address; City; State; Zip Code Waco, TX 76710	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Letter Carrier		9 Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Amber Contributor address; City; State; Zip Code Pflugerville, TX 78864	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Policy Associate		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Amber Contributor address; City; State; Zip Code Pflugerville, TX 78864	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Policy Associate		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Amber <hr/> 6 Contributor address; City; State; Zip Code Pflugerville, TX 78864	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Policy Associate		9 Employer (See Instructions)
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Amber <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78864	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Policy Associate		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Amber <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78864	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Policy Associate		Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Amber <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78864	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Policy Associate		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Louise <hr/> Contributor address; City; State; Zip Code Universal City, TX 78148	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Annette 6 Contributor address; City; State; Zip Code Missouri City, TX 77489	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Clerk		9 Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Annette Contributor address; City; State; Zip Code Missouri City, TX 77489	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Annette Contributor address; City; State; Zip Code Missouri City, TX 77489	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Annette Contributor address; City; State; Zip Code Missouri City, TX 77489	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Annette Contributor address; City; State; Zip Code Missouri City, TX 77489	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/136 Rpt: 55/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Annette 6 Contributor address; City; State; Zip Code Missouri City, TX 77489	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Clerk		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenyon, Billy Contributor address; City; State; Zip Code Houston, TX 77065	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sheet Metal Worker		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenyon, Billy Contributor address; City; State; Zip Code Houston, TX 77065	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sheet Metal Worker		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenyon, Billy Contributor address; City; State; Zip Code Houston, TX 77065	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sheet Metal Worker		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenyon, Billy Contributor address; City; State; Zip Code Houston, TX 77065	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sheet Metal Worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/136 Rpt: 56/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenyon, Billy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77065	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Sheet Metal Worker		9 Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenyon, Billy <hr/> Contributor address; City; State; Zip Code Houston, TX 77065	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sheet Metal Worker		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissling, Irene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissling, Irene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissling, Irene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/136 Rpt: 57/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissling, Irene <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78230	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissling, Irene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissling, Irene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kneupper, Richard <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPray, Matthew <hr/> Contributor address; City; State; Zip Code Vidor, TX 77662	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/136 Rpt: 58/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPray, Matthew <hr/> 6 Contributor address; City; State; Zip Code Vidor, TX 77662	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Process Operator		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPray, Matthew <hr/> Contributor address; City; State; Zip Code Vidor, TX 77662	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPray, Matthew <hr/> Contributor address; City; State; Zip Code Vidor, TX 77662	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPray, Matthew <hr/> Contributor address; City; State; Zip Code Vidor, TX 77662	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPray, Matthew <hr/> Contributor address; City; State; Zip Code Vidor, TX 77662	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/136 Rpt: 59/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahner, Greg 6 Contributor address; City; State; Zip Code LaMarque, TX 77568	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landry, Richard Contributor address; City; State; Zip Code Port Neches, TX 77651	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Pat Contributor address; City; State; Zip Code Perrin, TX 76486-7624	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Machinist		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lantz, Elaine & Gene Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latson, Charice Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/136 Rpt: 60/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latson, Charice <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78245	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Electrician		9 Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latson, Charice <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latson, Charice <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latson, Charice <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Rick <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$27.78
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/136 Rpt: 61/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Rick <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Union Officer		9 Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Rick <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Rick <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Rick <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Rick <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/136 Rpt: 62/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Kimetra 6 Contributor address; City; State; Zip Code Lancaster, TX 75146	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Letter Carrier		9 Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Kimetra Contributor address; City; State; Zip Code Lancaster, TX 75146	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Kimetra Contributor address; City; State; Zip Code Lancaster, TX 75146	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Kimetra Contributor address; City; State; Zip Code Lancaster, TX 75146	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Kimetra Contributor address; City; State; Zip Code Lancaster, TX 75146	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/136 Rpt: 63/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Kimetra <hr/> 6 Contributor address; City; State; Zip Code Lancaster, TX 75146	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Letter Carrier		9 Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, Rhonda <hr/> Contributor address; City; State; Zip Code Vidor, TX 77662	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littles, Paula <hr/> Contributor address; City; State; Zip Code Austin, TX 78724	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jason <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jason <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/136 Rpt: 64/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jason <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Chief of Staff		9 Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jason <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jason <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jason <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions)
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez Jr., David <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75167	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Elevator Constructor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/136 Rpt: 65/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez Jr., David <hr/> 6 Contributor address; City; State; Zip Code Waxahachie, TX 75167	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Elevator Constructor		9 Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez Jr., David <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75167	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Elevator Constructor		Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez Jr., David <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75167	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Elevator Constructor		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez Jr., David <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75167	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Elevator Constructor		Employer (See Instructions)
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez Jr., David <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75167	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Elevator Constructor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/136 Rpt: 66/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, Phillip <hr/> 6 Contributor address; City; State; Zip Code Pasadena, TX 77502	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Judy <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Judy <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Judy <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Judy <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/136 Rpt: 67/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Judy <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79930	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Judy <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maben, Denise <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magee, Rachel <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Props Supervisor		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malfaro, Louis <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Associate ED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malfaro, Louis <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78702	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Associate ED		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malfaro, Louis <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Associate ED		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malfaro, Louis <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Associate ED		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malfaro, Louis <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Associate ED		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malfaro, Louis <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Associate ED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/136 Rpt: 69/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manion, Luke 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manion, Luke Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manion, Luke Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manion, Luke Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manion, Luke Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/136 Rpt: 70/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manion, Luke <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcum, Leticia <hr/> Contributor address; City; State; Zip Code El Paso, TX 79907	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Diane <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Diane <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Diane <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/136 Rpt: 71/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Diane 6 Contributor address; City; State; Zip Code Spring, TX 77386	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Diane Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Diane Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Bonnie Contributor address; City; State; Zip Code Dallas, TX 75217	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Bonnie Contributor address; City; State; Zip Code Dallas, TX 75217	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/136 Rpt: 72/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Bonnie 6 Contributor address; City; State; Zip Code Dallas, TX 75217	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Bonnie Contributor address; City; State; Zip Code Dallas, TX 75217	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Bonnie Contributor address; City; State; Zip Code Dallas, TX 75217	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Bonnie Contributor address; City; State; Zip Code Dallas, TX 75217	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donny Contributor address; City; State; Zip Code Thornton, TX 76687	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Rep		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/136 Rpt: 73/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donny <hr/> 6 Contributor address; City; State; Zip Code Thornton, TX 76687	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Union Rep		9 Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donny <hr/> Contributor address; City; State; Zip Code Thornton, TX 76687	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Rep		Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donny <hr/> Contributor address; City; State; Zip Code Thornton, TX 76687	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Rep		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donny <hr/> Contributor address; City; State; Zip Code Thornton, TX 76687	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Rep		Employer (See Instructions)
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donny <hr/> Contributor address; City; State; Zip Code Thornton, TX 76687	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Rep		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/136 Rpt: 74/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDuffie, Sylvia 6 Contributor address; City; State; Zip Code Nederland, TX 77627	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Diana Contributor address; City; State; Zip Code LaPorte, TX 77571-4010	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Diana Contributor address; City; State; Zip Code LaPorte, TX 77571-4010	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Diana Contributor address; City; State; Zip Code LaPorte, TX 77571-4010	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Diana Contributor address; City; State; Zip Code LaPorte, TX 77571-4010	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/136 Rpt: 75/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Diana <hr/> 6 Contributor address; City; State; Zip Code LaPorte, TX 77571-4010	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Communications		9 Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Diana <hr/> Contributor address; City; State; Zip Code LaPorte, TX 77571-4010	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medley, Thornton <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Rep.		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medley, Thornton <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Rep.		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medley, Thornton <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Rep.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/136 Rpt: 76/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medley, Thornton <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77510	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Union Rep.		9 Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medley, Thornton <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Rep.		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medley, Thornton <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Rep.		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Mark <hr/> Contributor address; City; State; Zip Code Millsap, TX 76066	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Labor Rep.		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mims, Pauline <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Team Leader		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/136 Rpt: 77/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mims, Pauline <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76001	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Team Leader		9 Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mims, Pauline <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Team Leader		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mims, Pauline <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Team Leader		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mims, Pauline <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Team Leader		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Cathy <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/136 Rpt: 78/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moeller, Becky 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moeller, Becky Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moeller, Becky Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monis, Haroon Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Joe Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Field Rep.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/136 Rpt: 79/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Joe <hr/> 6 Contributor address; City; State; Zip Code Kyle, TX 78640	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Senior Field Rep.		9 Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Joe <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Field Rep.		Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Joe <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Field Rep.		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Joe <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Field Rep.		Employer (See Instructions)
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Joe <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Field Rep.		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/136 Rpt: 80/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Lorraine 6 Contributor address; City; State; Zip Code Kyle, TX 78640	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Training Coordinator		9 Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Lorraine Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Training Coordinator		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Lorraine Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Training Coordinator		Employer (See Instructions)
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Lorraine Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Training Coordinator		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Lorraine Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Training Coordinator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/136 Rpt: 81/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Lorraine <hr/> 6 Contributor address; City; State; Zip Code Kyle, TX 78640	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Training Coordinator		9 Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Linda <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Labor Coordinator		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Micky <hr/> Contributor address; City; State; Zip Code Melissa, TX 75454	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Micky <hr/> Contributor address; City; State; Zip Code Melissa, TX 75454	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Micky <hr/> Contributor address; City; State; Zip Code Melissa, TX 75454	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/136 Rpt: 82/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Micky <hr/> 6 Contributor address; City; State; Zip Code Melissa, TX 75454	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Letter Carrier		9 Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Micky <hr/> Contributor address; City; State; Zip Code Melissa, TX 75454	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Micky <hr/> Contributor address; City; State; Zip Code Melissa, TX 75454	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moseley, Meekie <hr/> Contributor address; City; State; Zip Code Lumberton, TX 77657	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Steelworker		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauls, James <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77489	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/136 Rpt: 83/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauls, James 6 Contributor address; City; State; Zip Code Missouri City, TX 77489	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Communications		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauls, James Contributor address; City; State; Zip Code Missouri City, TX 77489	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauls, James Contributor address; City; State; Zip Code Missouri City, TX 77489	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauls, James Contributor address; City; State; Zip Code Missouri City, TX 77489	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauls, James Contributor address; City; State; Zip Code Missouri City, TX 77489	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/136 Rpt: 84/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Rourke, Anita 6 Contributor address; City; State; Zip Code Chehalis, WA 98532	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan, John Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan, John Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan, John Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan, John Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/136 Rpt: 85/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78741	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olveda, Bobby <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78237	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Field Agent		Employer (See Instructions)
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oppenheim, Richard <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions)
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oppenheim, Richard <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/136 Rpt: 86/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oppenheim, Richard 6 Contributor address; City; State; Zip Code San Antonio, TX 78213	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Musician		9 Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oppenheim, Richard Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oppenheim, Richard Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions)
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oppenheim, Richard Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ormsby, Jeff Contributor address; City; State; Zip Code Lexington, TX 78947	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ormsby, Jeff <hr/> 6 Contributor address; City; State; Zip Code Lexington, TX 78947	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ormsby, Jeff <hr/> Contributor address; City; State; Zip Code Lexington, TX 78947	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ormsby, Jeff <hr/> Contributor address; City; State; Zip Code Lexington, TX 78947	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ormsby, Jeff <hr/> Contributor address; City; State; Zip Code Lexington, TX 78947	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ormsby, Jeff <hr/> Contributor address; City; State; Zip Code Lexington, TX 78947	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/136 Rpt: 88/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orsak, Ronnie <hr/> 6 Contributor address; City; State; Zip Code Danbury, TX 77534	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Asst. Business Manager		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Beverly <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Beverly <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Beverly <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Beverly <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/136 Rpt: 89/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Beverly 6 Contributor address; City; State; Zip Code Houston, TX 77027	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Chief of Staff		9 Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Beverly Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osobase, Derrick Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osobase, Derrick Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osobase, Derrick Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/136 Rpt: 90/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osobase, Derrick <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Union Officer		9 Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osobase, Derrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osobase, Derrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Martha <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paez, Donna <hr/> Contributor address; City; State; Zip Code South Houston, TX 77587	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Longshoreman		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/136 Rpt: 91/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paez, Donna <hr/> 6 Contributor address; City; State; Zip Code South Houston, TX 77587	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Longshoreman		9 Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paez, Donna <hr/> Contributor address; City; State; Zip Code South Houston, TX 77587	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Longshoreman		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paez, Donna <hr/> Contributor address; City; State; Zip Code South Houston, TX 77587	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Longshoreman		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paez, Donna <hr/> Contributor address; City; State; Zip Code South Houston, TX 77587	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Longshoreman		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ann <hr/> Contributor address; City; State; Zip Code Austin, TX 78748-5240	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/136 Rpt: 92/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ann <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748-5240	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Office Manager		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ann <hr/> Contributor address; City; State; Zip Code Austin, TX 78748-5240	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ann <hr/> Contributor address; City; State; Zip Code Austin, TX 78748-5240	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ann <hr/> Contributor address; City; State; Zip Code Austin, TX 78748-5240	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ann <hr/> Contributor address; City; State; Zip Code Austin, TX 78748-5240	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/136 Rpt: 93/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, William 6 Contributor address; City; State; Zip Code Groves, TX 77619	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Union officer		9 Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pate, William Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/136 Rpt: 94/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pohlmeyer, Tara <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Communications Director		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pohlmeyer, Tara <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Communications Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/136 Rpt: 95/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pohlmeyer, Tara <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Communications Director		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pohlmeyer, Tara <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Communications Director		Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pohlmeyer, Tara <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Communications Director		Employer (See Instructions)
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Ryan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Union Officer		9 Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Officer		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Pauline <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Liaison		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Pauline 6 Contributor address; City; State; Zip Code Fort Worth, TX 76133	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Labor Liaison		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Pauline Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Liaison		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Pauline Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Liaison		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Pauline Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Liaison		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Pauline Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Labor Liaison		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/136 Rpt: 98/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Terri <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78210	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) VP Labor Service		9 Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Terri <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78210	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP Labor Service		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Joanna <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Joanna <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Joanna <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Joanna <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Joanna <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Joanna <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rehmet, Taylor <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Edward <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Repka, Jerry <hr/> 6 Contributor address; City; State; Zip Code Westwego, LA 70094	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Director of Training		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77044-2672	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77044-2672	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77044-2672	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77044-2672	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn 6 Contributor address; City; State; Zip Code Houston, TX 77044-2672	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn Contributor address; City; State; Zip Code Houston, TX 77044-2672	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/136 Rpt: 102/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy 6 Contributor address; City; State; Zip Code Crowley, TX 76036	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/136 Rpt: 103/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> 6 Contributor address; City; State; Zip Code Crowley, TX 76036	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rock, Richard <hr/> Contributor address; City; State; Zip Code Chehalis, WA 98532	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Carlos <hr/> 6 Contributor address; City; State; Zip Code Los Fresnos, TX 78566	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Letter Carrier		9 Employer (See Instructions)
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Carlos <hr/> Contributor address; City; State; Zip Code Los Fresnos, TX 78566	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Carlos <hr/> Contributor address; City; State; Zip Code Los Fresnos, TX 78566	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Carlos <hr/> Contributor address; City; State; Zip Code Los Fresnos, TX 78566	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosas, Andy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/136 Rpt: 105/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Richard <hr/> 6 Contributor address; City; State; Zip Code Rusk, TX 75785	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Laundry Manager		9 Employer (See Instructions)
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Richard <hr/> Contributor address; City; State; Zip Code Rusk, TX 75785	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Laundry Manager		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Richard <hr/> Contributor address; City; State; Zip Code Rusk, TX 75785	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Laundry Manager		Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Richard <hr/> Contributor address; City; State; Zip Code Rusk, TX 75785	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Laundry Manager		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Richard <hr/> Contributor address; City; State; Zip Code Rusk, TX 75785	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Laundry Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 06/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Richard <hr/> 6 Contributor address; City; State; Zip Code Rusk, TX 75785	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Laundry Manager		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Jesus <hr/> Contributor address; City; State; Zip Code Del Rio, TX 78840	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Jesus <hr/> Contributor address; City; State; Zip Code Del Rio, TX 78840	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Jesus <hr/> Contributor address; City; State; Zip Code Del Rio, TX 78840	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Jesus <hr/> Contributor address; City; State; Zip Code Del Rio, TX 78840	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Jesus 6 Contributor address; City; State; Zip Code Del Rio, TX 78840	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Jesus Contributor address; City; State; Zip Code Del Rio, TX 78840	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salvatore, Bob Contributor address; City; State; Zip Code Converse, TX 78109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salvatore, Bob Contributor address; City; State; Zip Code Converse, TX 78109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salvatore, Bob Contributor address; City; State; Zip Code Converse, TX 78109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, Jeanne <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 75028	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Environmental Protection Specialist		9 Employer (See Instructions)
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, Jeanne <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Environmental Protection Specialist		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, Jeanne <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Environmental Protection Specialist		Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, Jeanne <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Environmental Protection Specialist		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, Jeanne <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Environmental Protection Specialist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, Jeanne <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 75028	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Environmental Protection Specialist		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/136 Rpt: 110/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Richard <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77043	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sills, Ed <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$27.78
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sills, Ed <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charlie <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/136 Rpt: 111/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charlie <hr/> 6 Contributor address; City; State; Zip Code West Columbia, TX 77486	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Business Manager		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charlie <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charlie <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charlie <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charlie <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/136 Rpt: 112/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Reginald 6 Contributor address; City; State; Zip Code Dallas, TX 75232	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Communications Consultant		9 Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Reginald Contributor address; City; State; Zip Code Dallas, TX 75232	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Consultant		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Reginald Contributor address; City; State; Zip Code Dallas, TX 75232	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Consultant		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Reginald Contributor address; City; State; Zip Code Dallas, TX 75232	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Consultant		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Reginald Contributor address; City; State; Zip Code Dallas, TX 75232	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications Consultant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/136 Rpt: 113/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Reginald <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75232	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Communications Consultant		9 Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Shawn <hr/> Contributor address; City; State; Zip Code Anton, TX 79313	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Sheet Metal Worker		Employer (See Instructions)
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Dennis <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Political Director		Employer (See Instructions)
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Dennis <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Political Director		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Dennis <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Political Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/136 Rpt: 114/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Dennis <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78739	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Political Director		9 Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Dennis <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Political Director		Employer (See Instructions)
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Dennis <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Political Director		Employer (See Instructions)
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Comptroller		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Comptroller		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/136 Rpt: 115/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Emily <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78739	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Comptroller		9 Employer (See Instructions)
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Comptroller		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Comptroller		Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Comptroller		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St. Clair, Jackie <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77354-3533	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/136 Rpt: 116/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strange, Jerrod <hr/> 6 Contributor address; City; State; Zip Code Muleshoe, TX 79347-0033	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) District Organizer		9 Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summers, Brydan <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suplee, Robert <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Printer		Employer (See Instructions)
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suplee, Robert <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Printer		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suplee, Robert <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Printer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/136 Rpt: 117/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suplee, Robert 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Printer		9 Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suplee, Robert Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Printer		Employer (See Instructions)
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suplee, Robert Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Printer		Employer (See Instructions)
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanguma, Sylvia Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanguma, Sylvia Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanguma, Sylvia 6 Contributor address; City; State; Zip Code Edinburg, TX 78539	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanguma, Sylvia Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanguma, Sylvia Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanguma, Sylvia Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Irmalyn Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/136 Rpt: 119/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Irmalyn <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77705	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Irmalyn <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Irmalyn <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Irmalyn <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Irmalyn <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/136 Rpt: 120/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Maria <hr/> 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Administrative Assistant		9 Employer (See Instructions)
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Paul <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions)
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Paul <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Paul <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Paul <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/136 Rpt: 121/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Paul <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79902	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions)
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Paul <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson-Lutz, Katherine <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson-Lutz, Katherine <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson-Lutz, Katherine <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson-Lutz, Katherine <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson-Lutz, Katherine <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson-Lutz, Katherine <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilley, Earnest <hr/> Contributor address; City; State; Zip Code Forney, TX 75126	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Account Rep,		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilley, Earnest <hr/> Contributor address; City; State; Zip Code Forney, TX 75126	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Account Rep,		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/136 Rpt: 123/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilley, Earnest <hr/> 6 Contributor address; City; State; Zip Code Forney, TX 75126	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Account Rep,		9 Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilley, Earnest <hr/> Contributor address; City; State; Zip Code Forney, TX 75126	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Account Rep,		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilley, Earnest <hr/> Contributor address; City; State; Zip Code Forney, TX 75126	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Account Rep,		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilley, Earnest <hr/> Contributor address; City; State; Zip Code Forney, TX 75126	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Account Rep,		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Kirk <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/136 Rpt: 124/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Kirk <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76017	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Auto worker		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Kirk <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto worker		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Kirk <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto worker		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Kirk <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto worker		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Kirk <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Auto worker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/136 Rpt: 125/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Jose 6 Contributor address; City; State; Zip Code Houston, TX 77011	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) International Rep		9 Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Jose Contributor address; City; State; Zip Code Houston, TX 77011	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) International Rep		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Jose Contributor address; City; State; Zip Code Houston, TX 77011	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) International Rep		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Jose Contributor address; City; State; Zip Code Houston, TX 77011	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) International Rep		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Jose Contributor address; City; State; Zip Code Houston, TX 77011	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) International Rep		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/136 Rpt: 126/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Jose <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77011	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) International Rep		9 Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Clark <hr/> Contributor address; City; State; Zip Code Chandler, TX 75758-7309	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Twombly, Rick <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76901	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Union Rep.		Employer (See Instructions)
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) state employee		Employer (See Instructions)
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) state employee		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/136 Rpt: 127/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Christina <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79930	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) state employee		9 Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) state employee		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) state employee		Employer (See Instructions)
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) state employee		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veit, Kristie <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/136 Rpt: 128/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Nancy 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78415	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Union officer		9 Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Nancy Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union officer		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Nancy Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union officer		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Nancy Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union officer		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Nancy Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/136 Rpt: 129/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Nancy <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78415	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Union officer		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Carlos <hr/> Contributor address; City; State; Zip Code Houston, TX 77049	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Carlos <hr/> Contributor address; City; State; Zip Code Houston, TX 77049	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Carlos <hr/> Contributor address; City; State; Zip Code Houston, TX 77049	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Carlos <hr/> Contributor address; City; State; Zip Code Houston, TX 77049	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/136 Rpt: 130/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Carlos <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77049	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Electrician		9 Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Carlos <hr/> Contributor address; City; State; Zip Code Houston, TX 77049	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wakefield, Ellen <hr/> Contributor address; City; State; Zip Code Watauga, TX 76148	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Rep,		Employer (See Instructions)
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Rep,		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/136 Rpt: 131/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 03/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76018	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Union Rep,		9 Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Rep,		Employer (See Instructions)
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Rep,		Employer (See Instructions)
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Union Rep,		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick III, Price <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Union Rep,		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/136 Rpt: 132/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washenfelter, Karrie <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77469	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Union officer		9 Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washenfelter, Karrie <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union officer		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washenfelter, Karrie <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union officer		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washenfelter, Karrie <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union officer		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washenfelter, Karrie <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Union officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 130/136 Rpt: 133/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washenfelter, Karrie <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77469	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Union officer		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Charles <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Charles <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Charles <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Charles <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/136 Rpt: 134/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Charles <hr/> 6 Contributor address; City; State; Zip Code Terrell, TX 75160	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Communications		9 Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Charles <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Linda <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Linda <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Maileen <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Team Leader		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 132/136 Rpt: 135/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Barbara <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79928	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiltz, Debbie <hr/> Contributor address; City; State; Zip Code Houston, TX 77028	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiltz, Debbie <hr/> Contributor address; City; State; Zip Code Houston, TX 77028	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiltz, Debbie <hr/> Contributor address; City; State; Zip Code Houston, TX 77028	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiltz, Debbie <hr/> Contributor address; City; State; Zip Code Houston, TX 77028	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 133/136 Rpt: 136/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiltz, Debbie <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77028	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiltz, Debbie <hr/> Contributor address; City; State; Zip Code Houston, TX 77028	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthey, Joshua <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthey, Joshua <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthey, Joshua <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 134/136 Rpt: 137/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthey, Joshua <hr/> 6 Contributor address; City; State; Zip Code Granbury, TX 76049	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Business Manager		9 Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthey, Joshua <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthey, Joshua <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyllie, Everett <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyllie, Everett <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 135/136 Rpt: 138/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyllie, Everett <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76710	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Letter Carrier		9 Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Mark <hr/> Contributor address; City; State; Zip Code Channelview, TX 77530	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Analyzer Technician		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, W. R. <hr/> Contributor address; City; State; Zip Code Austin, TX 78748-5038	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, W. R. <hr/> Contributor address; City; State; Zip Code Austin, TX 78748-5038	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, W. R. <hr/> Contributor address; City; State; Zip Code Austin, TX 78748-5038	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 136/136 Rpt: 139/143
2 FILER NAME State COPE Fund		3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, W. R. <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748-5038	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, W. R. <hr/> Contributor address; City; State; Zip Code Austin, TX 78748-5038	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, W. R. <hr/> Contributor address; City; State; Zip Code Austin, TX 78748-5038	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaremba, Cheryl <hr/> Contributor address; City; State; Zip Code Austin, TX 78733	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C4:
Sch: 1/1 Rpt: 140/143

2 FILER NAME
State COPE Fund

3 Filer ID (Ethics Commission Filers)
00018807

4 Date
01/13/2025

5 Corporation / Labor Organization name
Texas AFL-CIO

6 Amount (\$)
50.79

Date
01/14/2025

Corporation / Labor Organization name
Texas AFL-CIO

Amount (\$)
121.89

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: 1/3 Rpt: 141/143	2 FILER NAME State COPE Fund	3 Filer ID (Ethics Commission Filers) 00018807
4 Date 01/02/2025	5 Payee name Elavon	
6 Amount (\$) \$25.76 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7300 Chapman Hwy Knoxville, TN 37920	
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 Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Elavon		
Amount (\$) \$25.41 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7300 Chapman Hwy Knoxville, TN 37920	
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 Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Elavon		
Amount (\$) \$25.41 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7300 Chapman Hwy Knoxville, TN 37920	
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 Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 142/143	2 FILER NAME State COPE Fund	3 Filer ID (Ethics Commission Filers) 00018807
4 Date 04/02/2025	5 Payee name Elavon	
6 Amount (\$) \$42.48 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7300 Chapman Hwy Knoxville, TN 37920	
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 Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/02/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$25.41 <input type="checkbox"/> Expenditure from corporate funds	Payee name Elavon Payee address; City; State; Zip Code 7300 Chapman Hwy Knoxville, TN 37920	
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 Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/02/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$34.78 <input type="checkbox"/> Expenditure from corporate funds	Payee name Elavon Payee address; City; State; Zip Code 7300 Chapman Hwy Knoxville, TN 37920	
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 Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 143/143	2 FILER NAME State COPE Fund	3 Filer ID (Ethics Commission Filers) 00018807
4 Date 06/30/2025	5 Payee name Stripe Payments Company	
6 Amount (\$) \$6.48 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 510 Townsend St. San Francisco, CA 94103	
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 Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held