

# 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) 00080099	2 Total pages filed: 41
3 COMMITTEE NAME Texans for Vaccine Choice PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 175272  Arlington, TX 76003		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Jackie NICKNAME LAST SUFFIX Schlegel		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4909 Wareham Dr  Arlington, TX 76017		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input checked="" type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 175272  Arlington, TX 76003		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 876-1645		
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

<b>12 COMMITTEE NAME</b> Texans for Vaccine Choice PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00080099
---	---

<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,430.42
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 10.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 30,600.20
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

## 16 AFFIDAVIT

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

Ms. Jackie Schlegel

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 41

<b>17 COMMITTEE NAME</b> Texans for Vaccine Choice PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00080099
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,430.42
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10.00
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/37 Rpt: 4/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 01/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75209	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr Business Analyst		<b>9</b> Employer (See Instructions) Travel Industry-Southlake TX
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael Contributor address; City; State; Zip Code  Dallas, TX 75209	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Sr Business Analyst		Employer (See Instructions) Travel Industry-Southlake TX
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael Contributor address; City; State; Zip Code  Dallas, TX 75209	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Sr Business Analyst		Employer (See Instructions) Travel Industry-Southlake TX
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael Contributor address; City; State; Zip Code  Dallas, TX 75209	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Sr Business Analyst		Employer (See Instructions) Travel Industry-Southlake TX
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael Contributor address; City; State; Zip Code  Dallas, TX 75209	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Sr Business Analyst		Employer (See Instructions) Travel Industry-Southlake TX

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/37 Rpt: 5/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 06/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75209	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr Business Analyst		<b>9</b> Employer (See Instructions) Travel Industry-Southlake TX
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blubaugh, Maria <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG
Date 02/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blubaugh, Maria <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG
Date 03/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blubaugh, Maria <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blubaugh, Maria <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/37 Rpt: 6/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 05/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blubaugh, Maria <b>6</b> Contributor address; City; State; Zip Code Spring, TX 77386	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Tax Accountant		<b>9</b> Employer (See Instructions) HCG
Date 06/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blubaugh, Maria Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookshire, Gay Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$25.97
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookshire, Gay Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$25.97
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookshire, Gay Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$26.29
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/37 Rpt: 7/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 04/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookshire, Gay <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703	<b>7</b> Amount of Contribution (\$)  \$26.29
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookshire, Gay <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$26.29
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookshire, Gay <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$26.29
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Dan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Dan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/37 Rpt: 8/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 03/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Dan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Dan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 05/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Dan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Dan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/37 Rpt: 9/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 02/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/37 Rpt: 10/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 01/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy <hr/> <b>6</b> Contributor address; City; State; Zip Code  BALTIMORE, MD 21209	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Sharing		<b>9</b> Employer (See Instructions) Not Sharing
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy <hr/> Contributor address; City; State; Zip Code  BALTIMORE, MD 21209	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy <hr/> Contributor address; City; State; Zip Code  BALTIMORE, MD 21209	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy <hr/> Contributor address; City; State; Zip Code  BALTIMORE, MD 21209	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy <hr/> Contributor address; City; State; Zip Code  BALTIMORE, MD 21209	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/37 Rpt: 11/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 06/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy <hr/> <b>6</b> Contributor address; City; State; Zip Code  BALTIMORE, MD 21209	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Sharing		<b>9</b> Employer (See Instructions) Not Sharing
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comorote, James <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Telecom		Employer (See Instructions) Security Service Federal Credit Union
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comorote, James <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Telecom		Employer (See Instructions) Security Service Federal Credit Union
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comorote, James <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Telecom		Employer (See Instructions) Security Service Federal Credit Union
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comorote, James <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Telecom		Employer (See Instructions) Security Service Federal Credit Union

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/37 Rpt: 12/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 05/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comorote, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78258	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Telecom		<b>9</b> Employer (See Instructions) Security Service Federal Credit Union
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comorote, James <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Telecom		Employer (See Instructions) Security Service Federal Credit Union
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Deleise <hr/> Contributor address; City; State; Zip Code  Tulsa, OK 74105	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Deleise <hr/> Contributor address; City; State; Zip Code  Tulsa, OK 74105	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Deleise <hr/> Contributor address; City; State; Zip Code  Tulsa, OK 74105	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/37 Rpt: 13/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 04/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Deleise <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tulsa, OK 74105	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Deleise <hr/> Contributor address; City; State; Zip Code  Tulsa, OK 74105	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Deleise <hr/> Contributor address; City; State; Zip Code  Tulsa, OK 74105	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Caroline <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 02/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Caroline <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/37 Rpt: 14/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 03/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Caroline <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Sharing		<b>9</b> Employer (See Instructions) Not Sharing
Date 04/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Caroline <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Caroline <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 06/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Caroline <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 01/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Karin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Legislative Director		Employer (See Instructions) Texas House of Representatives

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/37 Rpt: 15/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 01/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Karin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Legislative Director		<b>9</b> Employer (See Instructions) Texas House of Representatives
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Karin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Legislative Director		Employer (See Instructions) Texas House of Representatives
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Karin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Legislative Director		Employer (See Instructions) Texas House of Representatives
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellington, Alison <hr/> Contributor address; City; State; Zip Code  Selma, TX 78154	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellington, Alison <hr/> Contributor address; City; State; Zip Code  Selma, TX 78154	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/37 Rpt: 16/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 03/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellington, Alison <hr/> <b>6</b> Contributor address; City; State; Zip Code  Selma, TX 78154	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Homemaker		<b>9</b> Employer (See Instructions) Sahm
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellington, Alison <hr/> Contributor address; City; State; Zip Code  Selma, TX 78154	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellington, Alison <hr/> Contributor address; City; State; Zip Code  Selma, TX 78154	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellington, Alison <hr/> Contributor address; City; State; Zip Code  Selma, TX 78154	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Aneta <hr/> Contributor address; City; State; Zip Code  McGregor, TX 76657	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Escrow asst.		Employer (See Instructions) Tct



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/37 Rpt: 17/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 02/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Aneta <hr/> <b>6</b> Contributor address; City; State; Zip Code  McGregor, TX 76657	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Escrow asst.		<b>9</b> Employer (See Instructions) Tct
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Aneta <hr/> Contributor address; City; State; Zip Code  McGregor, TX 76657	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Escrow asst.		Employer (See Instructions) Tct
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Aneta <hr/> Contributor address; City; State; Zip Code  McGregor, TX 76657	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Escrow asst.		Employer (See Instructions) Tct
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Aneta <hr/> Contributor address; City; State; Zip Code  McGregor, TX 76657	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Escrow asst.		Employer (See Instructions) Tct
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Aneta <hr/> Contributor address; City; State; Zip Code  McGregor, TX 76657	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Escrow asst.		Employer (See Instructions) Tct

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/37 Rpt: 18/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 01/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> <b>6</b> Contributor address; City; State; Zip Code  Watauga, TX 76148	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Childcare		<b>9</b> Employer (See Instructions) Self
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code  Watauga, TX 76148	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 02/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code  Watauga, TX 76148	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code  Watauga, TX 76148	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code  Watauga, TX 76148	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/37 Rpt: 19/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 03/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <b>6</b> Contributor address; City; State; Zip Code  Watauga, TX 76148	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Childcare		<b>9</b> Employer (See Instructions) Self
Date 04/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole Contributor address; City; State; Zip Code  Watauga, TX 76148	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole Contributor address; City; State; Zip Code  Watauga, TX 76148	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole Contributor address; City; State; Zip Code  Watauga, TX 76148	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole Contributor address; City; State; Zip Code  Watauga, TX 76148	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/37 Rpt: 20/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 06/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <b>6</b> Contributor address; City; State; Zip Code  Watauga, TX 76148	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Childcare		<b>9</b> Employer (See Instructions) Self
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole Contributor address; City; State; Zip Code  Watauga, TX 76148	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 01/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John Contributor address; City; State; Zip Code  Rockwall, TX 75032	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John Contributor address; City; State; Zip Code  Rockwall, TX 75032	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John Contributor address; City; State; Zip Code  Rockwall, TX 75032	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/37 Rpt: 21/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 04/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rockwall, TX 75032	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self
Date 05/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75032	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75032	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78266	Amount of Contribution (\$)  \$15.58
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78266	Amount of Contribution (\$)  \$15.58
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/37 Rpt: 22/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78266	<b>7</b> Amount of Contribution (\$)  \$15.90
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) Aerodyne Industries
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78266	Amount of Contribution (\$)  \$15.90
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78266	Amount of Contribution (\$)  \$15.90
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78266	Amount of Contribution (\$)  \$15.90
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries
Date 01/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruben, Julie <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/37 Rpt: 23/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 01/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Maureen <b>6</b> Contributor address; City; State; Zip Code Fort Worth, TX 76109	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) caregiver		<b>9</b> Employer (See Instructions) Nancy Smith
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Maureen Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Nancy Smith
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Maureen Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Nancy Smith
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Maureen Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Nancy Smith
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Maureen Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Nancy Smith

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/37 Rpt: 24/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 06/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Maureen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) caregiver		<b>9</b> Employer (See Instructions) Nancy Smith
Date 01/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbelin, Patricia <hr/> Contributor address; City; State; Zip Code  Waco, TX 76712	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Emergency preparedness		Employer (See Instructions) CATRAC
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbelin, Patricia <hr/> Contributor address; City; State; Zip Code  Waco, TX 76712	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Emergency preparedness		Employer (See Instructions) CATRAC
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbelin, Patricia <hr/> Contributor address; City; State; Zip Code  Waco, TX 76712	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Emergency preparedness		Employer (See Instructions) CATRAC
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbelin, Patricia <hr/> Contributor address; City; State; Zip Code  Waco, TX 76712	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Emergency preparedness		Employer (See Instructions) CATRAC



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/37 Rpt: 25/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 05/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbelin, Patricia <b>6</b> Contributor address; City; State; Zip Code  Waco, TX 76712	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Emergency preparedness		<b>9</b> Employer (See Instructions) CATRAC
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbelin, Patricia Contributor address; City; State; Zip Code  Waco, TX 76712	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Emergency preparedness		Employer (See Instructions) CATRAC
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holley, Ariel Contributor address; City; State; Zip Code  Denison, TX 75021	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) Fulbellis
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holley, Ariel Contributor address; City; State; Zip Code  Denison, TX 75021	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) Fulbellis
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holley, Ariel Contributor address; City; State; Zip Code  Denison, TX 75021	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) Fulbellis

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/37 Rpt: 26/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 04/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holley, Ariel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Denison, TX 75021	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Server		<b>9</b> Employer (See Instructions) Fulbellis
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holley, Ariel <hr/> Contributor address; City; State; Zip Code  Denison, TX 75021	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) Fulbellis
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Tiffany <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76123	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Tiffany <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76123	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Tiffany <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76123	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/37 Rpt: 27/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 04/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Tiffany <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76123	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Homemaker		<b>9</b> Employer (See Instructions) Self
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Tiffany <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76123	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Tiffany <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76123	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Carrie <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Carrie <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/37 Rpt: 28/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 03/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Corrie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boerne, TX 78006	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Deputy TAC		<b>9</b> Employer (See Instructions) Kendall County
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Corrie <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Corrie <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Corrie <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary <hr/> Contributor address; City; State; Zip Code  LUBBOCK, TX 79416	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/37 Rpt: 29/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary <b>6</b> Contributor address; City; State; Zip Code  LUBBOCK, TX 79416	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Sharing		<b>9</b> Employer (See Instructions) Not Sharing
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary Contributor address; City; State; Zip Code  LUBBOCK, TX 79416	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary Contributor address; City; State; Zip Code  LUBBOCK, TX 79416	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary Contributor address; City; State; Zip Code  LUBBOCK, TX 79416	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary Contributor address; City; State; Zip Code  LUBBOCK, TX 79416	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/37 Rpt: 30/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 01/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Lindsey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wimberley, TX 78676	<b>7</b> Amount of Contribution (\$)  \$25.97
<b>8</b> Principal occupation / Job title (See Instructions) Chiropractor		<b>9</b> Employer (See Instructions) Self
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Lindsey <hr/> Contributor address; City; State; Zip Code  Wimberley, TX 78676	Amount of Contribution (\$)  \$25.97
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Lindsey <hr/> Contributor address; City; State; Zip Code  Wimberley, TX 78676	Amount of Contribution (\$)  \$25.97
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Lindsey <hr/> Contributor address; City; State; Zip Code  Wimberley, TX 78676	Amount of Contribution (\$)  \$26.29
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self
Date 05/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Lindsey <hr/> Contributor address; City; State; Zip Code  Wimberley, TX 78676	Amount of Contribution (\$)  \$26.29
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/37 Rpt: 31/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 06/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Lindsey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wimberley, TX 78676	<b>7</b> Amount of Contribution (\$)  \$26.29
<b>8</b> Principal occupation / Job title (See Instructions) Chiropractor		<b>9</b> Employer (See Instructions) Self
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGurn, Patricia <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78266	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGurn, Patricia <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78266	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGurn, Patricia <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78266	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self
Date 04/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGurn, Patricia <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78266	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/37 Rpt: 32/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 05/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGurn, Patricia <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78266	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) sales		<b>9</b> Employer (See Instructions) self
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGurn, Patricia <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78266	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod Gordon, Dina Michele <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) SAP
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod Gordon, Dina Michele <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) SAP
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod Gordon, Dina Michele <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) SAP



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/37 Rpt: 33/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 04/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod Gordon, Dina Michele <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77386	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Executive Assistant		<b>9</b> Employer (See Instructions) SAP
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod Gordon, Dina Michele <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) SAP
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod Gordon, Dina Michele <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) SAP
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molinario, Kelly <hr/> Contributor address; City; State; Zip Code  Houston, TX 77058	Amount of Contribution (\$)  \$20.78
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) University of Houston System
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morfin, Lisa <hr/> Contributor address; City; State; Zip Code  La Porte, TX 77571	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/37 Rpt: 34/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 02/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morfin, Lisa <b>6</b> Contributor address; City; State; Zip Code  La Porte, TX 77571	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Music teacher		<b>9</b> Employer (See Instructions) Pasadena ISD
Date 03/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morfin, Lisa Contributor address; City; State; Zip Code  La Porte, TX 77571	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morfin, Lisa Contributor address; City; State; Zip Code  La Porte, TX 77571	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morfin, Lisa Contributor address; City; State; Zip Code  La Porte, TX 77571	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD
Date 06/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morfin, Lisa Contributor address; City; State; Zip Code  La Porte, TX 77571	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/37 Rpt: 35/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 01/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Kelsey <b>6</b> Contributor address; City; State; Zip Code  Colorado City, TX 79512	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Farmer		<b>9</b> Employer (See Instructions) Self
Date 02/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Kelsey Contributor address; City; State; Zip Code  Colorado City, TX 79512	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Kelsey Contributor address; City; State; Zip Code  Colorado City, TX 79512	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 04/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Kelsey Contributor address; City; State; Zip Code  Colorado City, TX 79512	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 05/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Kelsey Contributor address; City; State; Zip Code  Colorado City, TX 79512	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/37 Rpt: 36/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 06/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Kelsey <b>6</b> Contributor address; City; State; Zip Code  Colorado City, TX 79512	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Farmer		<b>9</b> Employer (See Instructions) Self
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Erica Contributor address; City; State; Zip Code  Rowlett, TX 75089	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Erica Contributor address; City; State; Zip Code  Rowlett, TX 75089	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Erica Contributor address; City; State; Zip Code  Rowlett, TX 75089	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Erica Contributor address; City; State; Zip Code  Rowlett, TX 75089	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/37 Rpt: 37/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 05/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Erica <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rowlett, TX 75089	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Manager, Technical Support		<b>9</b> Employer (See Instructions) Mitel
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Erica <hr/> Contributor address; City; State; Zip Code  Rowlett, TX 75089	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER <hr/> Contributor address; City; State; Zip Code  Caddo Mills, TX 75135	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Taylor Family
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER <hr/> Contributor address; City; State; Zip Code  Caddo Mills, TX 75135	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Taylor Family
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER <hr/> Contributor address; City; State; Zip Code  Caddo Mills, TX 75135	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Taylor Family

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/37 Rpt: 38/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 04/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER <hr/> <b>6</b> Contributor address; City; State; Zip Code  Caddo Mills, TX 75135	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) SAHM		<b>9</b> Employer (See Instructions) Taylor Family
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER <hr/> Contributor address; City; State; Zip Code  Caddo Mills, TX 75135	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Taylor Family
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER <hr/> Contributor address; City; State; Zip Code  Caddo Mills, TX 75135	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Taylor Family
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dalsem, Michelle <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dalsem, Michelle <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/37 Rpt: 39/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 03/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dalsem, Michelle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 04/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dalsem, Michelle <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dalsem, Michelle <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dalsem, Michelle <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Mary <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/37 Rpt: 40/41
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 02/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Mary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) 809 at Vickery
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Mary <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Mary <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Mary <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Mary <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery



# 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: 1/1 Rpt: 41/41	2 FILER NAME Texans for Vaccine Choice PAC	3 Filer ID (Ethics Commission Filers) 00080099
4 Date 01/31/2025	5 Payee name Frost Bank	
6 Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 100 W Houston St  San Antonio, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 02/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Frost Bank		
Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 W Houston St  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
Complete ONLY if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		