CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

_	`	cs Commission Filers)	2 Total pages filed:			OFFIC	E USE ONLY
	00081543		51			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRON	ICALLY FILED
	OFFICEHOLDER NAME	The Honorable	Erin A.			07/31/2025	
		NICKNAME	LAST		SUFFIX		
			Zwiener			Date Hand-deliver	ed or Date Postmarked
4	ORIGINAL	January 15	Runoff	Other	(specify)		ou or Buto i countamou
	REPORT TYPE	X July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after cam				
		8th day before election	appointment (office	• • •		Date Processed	
_	ORIGINAL PERIOD				Year	_	
5	COVERED	Month Day Yea 01/01/2025	THROUGH	Month Day 06/30/2025		Date Imaged	
_	EVEL ANATION OF C			06/30/2025	<u> </u>		
,	EXPLANATION OF C	cluded on the original repo	ar a state at each at each and a state	-l 0/5/05 Ll			41
7	AFFIDAVIT			ear, or affirm, under correct.	penalty of perjui	ry, that this correc	cted report is true
7	AFFIDAVIT		and		, , , ,		·
7	AFFIDAVIT		and	correct.	ny and all applica rts: I swear, o I faith and withou	able statements: or affirm that the contains an intent to mis	original report lead or to
7	AFFIDAVIT		and Che	correct. ck the box next to a Semiannual repo was made in good	ny and all applicants: I swear, of laith and withou information contains a swear, or affirm an the 14th busin originally filed is in that any error or o	able statements: or affirm that the contract an intent to missined in the report on, that I am filing these day after the inaccurate or income.	original report lead or to t. this corrected date I learned omplete. I
7	AFFIDAVIT		and Che	Semiannual repo was made in good misrepresent the i Other reports: report not later that that the report as a swear, or affirm, the filed was made in	ny and all applicants: I swear, of laith and withou information contains a swear, or affirm an the 14th busin originally filed is in that any error or o	able statements: or affirm that the control and intent to missioned in the report on, that I am filing the control and after the inaccurate or incommission in the re	original report lead or to t. this corrected date I learned omplete. I
7		AMP / SEAL ABOVE	and Che	Semiannual repo was made in good misrepresent the i Other reports: report not later tha that the report as a swear, or affirm, the filed was made in	ny and all applicants: I swear, of a faith and without an and mithout a faith and the 14th busin originally filed is in at any error or of a good faith.	able statements: or affirm that the control and intent to missioned in the report on, that I am filing the control and after the inaccurate or incommission in the re	original report lead or to t. this corrected date I learned omplete. I port as originally
7	AFFIX NOTARY ST		and Che X	Semiannual repo was made in good misrepresent the i Other reports: report not later tha that the report as o swear, or affirm, th filed was made in Th Signa	ny and all applicants: I swear, of I faith and without on the swear, or affirm the 14th busin originally filed is in the tany error or of good faith. The swear of Candidate the swear any error or of the swear of Candidate the swear and the	able statements: or affirm that the control and intent to mission in the report of the control and the control	original report lead or to t. this corrected date I learned omplete. I port as originally
7	AFFIX NOTARY ST Sworn to and subsc	AMP / SEAL ABOVE ribed before me, by the sai	and Che X	Semiannual repo was made in good misrepresent the i Other reports: report not later tha that the report as o swear, or affirm, th filed was made in	ny and all applicants: I swear, of a swear, or affirm and the swear, or affirm and the 14th busin originally filed is in at any error or of good faith. Honorable Electure of Candidate.	able statements: or affirm that the control and intent to mission in the report of the control and the control	original report lead or to t. this corrected date I learned omplete. I port as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che X	Semiannual repo was made in good misrepresent the i Other reports: report not later tha that the report as o swear, or affirm, th filed was made in	ny and all applicants: I swear, of a swear, or affirm and the swear, or affirm and the 14th busin originally filed is in at any error or of good faith. Honorable Electure of Candidate.	able statements: or affirm that the control and intent to mission in the report of the control and the control	original report lead or to t. this corrected date I learned omplete. I port as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete th	is form. 1 Filer ID (Ethics Cor 000815	nmission Filers)	2 Total pages filed: 51
3 CANDIDATE /	MS / MRS / MR FIRS	ST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Erin	A.		Date Received
''''				ELECTRONICALLY FILED
	NICKNAME LAS		SUFFIX	07/31/2025
	Zwi	ener		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUI	ΓΕ#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER	PO Box 184			
MAILING ADDRESS				Receipt # Amount
Change of Address	Driftwood, TX 78619			
	Dilliwood, 1X 78019			Date Processed
				Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR FIRS		MI	
NAME	Ms. Zwie	ener		
	NICKNAME LAS	Γ	SUFFIX	
	Erin	A.		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX	PLEASE); A	APT / SUITE #; CITY;	STATE; ZIP CODE
TREASURER	900 S. Creekwood Dr.			
ADDRESS				
(Residence or Business)	Driftwood, TX 78619			
	Dintwood, 17, 78019			
7 CAMPAIGN	AREA CODE PHONE NU	MBER EXTENSION		
TREASURER	(512) 842-7173			
PHONE				
8 REPORT				
TYPE	January 15 30	th day before election	Runoff	15th day after campaign treasurer
		_	- -	appointment (officeholder only)
	X July 15 8tl	n day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year		Month Day	Year
COVERED	01/01/2025	THROUGH	06/30/2025	5
		,		
10 ELECTION	ELECTION DATE	l <u> </u>	ELECTION TYPE	_
	Month Day Year	X Primary	Runoff	Other
	03/03/2026	General	Special	
		-		
11 OFFICE	OFFICE HELD (if any)	ı	12 OFFICE SOUGHT	(if known)
	State Representative District 45		State Representa	
	'		'	
			_	
		GO TO PAGE	2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 51

13 C / OH NAME	Zwiener, Erin A. (The	Honorable)	14 Filer ID 00081543	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political These expenditures may have been ma officeholders are required to report this	de without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURE	R NAME	
		COMMITTEE CAMPAIGN TREASURE	R ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (O' ES OF LOANS, OR CONTRIBUTIONS I		\$ 725.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 10,568.00
EXPENDITURE TOTALS		\$ 2,496.86		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 25,011.75
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 28,105.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING I TING PERIOD	LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			nder penalty of perjury, that the accinctudes all information required to ion Code.	
			The Honorable Erin A. Zwiene	er
		S	signature of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal o	f office.	
Signature of office	cer administering	Printed name of officer administeri	ng Title of office	r administering oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					4 0f 51
	ER NAN	ME Erin A. (The Honorable)	19 Filer ID 00081543	(Ethi	cs Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,568.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	23,484.89
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	603.43
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	923.43
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	213.20

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/16 Rpt: 5/51	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/29/2025	5 Full name of contributor out-of-state PAC (ID#:_ADAMS, JOHN 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
_		Dripping Springs, TX 78620-3962				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_ Baethge, Edwina Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	San Marcos, TX 78666-7686 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Barker, Martha Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Kyle, TX 78640-2016 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Barker, Shelley Contributor address; City; State; Zip Code Odessa, TX 79761-2234)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Bates, Aaron Contributor address; City; State; Zip Code Kyle, TX 78640-2674			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/16 Rpt: 6/51	
2	FILER NAME Zwiener, Erir	ı A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/23/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$150.00
_	Deinsinal assu	Wimberley, TX 78676	2. Evanlavar (Can Instructions	<u></u>		
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#: Brown, Mandy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666-5474				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78750-7932				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: Calvert, Larry Contributor address; City; State; Zip Code Wimberley, TX 78676-5534			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: Case, Margo Contributor address; City; State; Zip Code San Marcos, TX 78666-5881)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		<u>I</u>				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/16 Rpt: 7/51	
2	FILER NAME Zwiener, Erir	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/30/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$250.00
_	District	Driftwood, TX 78619-4242	O Frankrije (Cook brother)	_		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Date 06/29/2025	Full name of contributor out-of-state PAC (ID#: Chavez, Deborah Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Buda, TX 78610-3838				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Close, Eleanor Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		San Marcos, TX 78666-2298				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/24/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78746-4115 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Cox, Beth Contributor address; City; State; Zip Code Kyle, TX 78640-5664			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/16 Rpt: 8/51	
2	FILER NAME Zwiener, Erir	ı A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/30/2025	 Full name of contributor out-of-state PAC (ID#:_Cox, Cody Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$35.00
_		San Marcos, TX 78666-5478				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor)		Amount of Contribution (\$)	\$100.00
		Driftwood, TX 78619-4439				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: Crow, Jeffrey Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78723-5377				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Cummings, Terry Contributor address; City; State; Zip Code Buda, TX 78610-5189)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>;</u>)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Davis, Sheryl Contributor address; City; State; Zip Code San Marcos, TX 78660)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/16 Rpt: 9/51	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/27/2025	 Full name of contributor out-of-state PAC (ID#:_ Davis Jr., Edward Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Wimberley, TX 78676 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
_	Fillicipal occu	pation 7 300 title (See Instructions)	5 Employer (See Instructions			
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Dorfman, Jocelyn Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$18.00
	Principal occu	Washington, DC 20009-1801 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occa	pation / oob title (occ motivations)	Employer (See mandenons	,		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Elkins, Bob Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
		Wimberley, TX 78676-5541				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Elliott, Patty Contributor address; City; State; Zip Code Johnson City, TX 78636-1504			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ FitzPatrick, Shannon Contributor address; City; State; Zip Code San Marcos, TX 78667-0832)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/16 Rpt: 10/51	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/25/2025	5 Full name of contributor out-of-state PAC (ID#:_ Ford, Karen Lee 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00
0	Dringing oggu	San Marcos, TX 78666-4248	9 Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 06/29/2025	Full name of contributor out-of-state PAC (ID#:_ Garner, Anita Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78749-1850 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	i inioipai ooda	pation / cos title (cos monastions)	Employor (Goo mondono	,		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Girdley, Lucas Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		San Antonio, TX 78209-5185				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Glosoff, Harriet Contributor address; City; State; Zip Code Kyle, TX 78640-6131			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Gresham, Lesley Contributor address; City; State; Zip Code Fulshear, TX 77441-2084)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 7/16 Rpt: 11/51	
2	FILER NAME Zwiener, Erir	ı A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4	Date 06/30/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$150.00
_	5	Austin, TX 78704-3420		<u></u>		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID# Haschke, Donna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Buda, TX 78610-2827				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID# Haschke, Gerald Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Buda, TX 78610-2827				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/29/2025	Full name of contributor out-of-state PAC (ID# Henley, Kelly Contributor address; City; State; Zip Code Austin, TX 78727-6416)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID# Henry, Grant Contributor address; City; State; Zip Code Buda, TX 78610-3463			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/16 Rpt: 12/51	
2	FILER NAME Zwiener, Erir	A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4		 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_		Austin, TX 78726-1375		Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Hood, Dell Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
	Dringing aggr	Wimberley, TX 78676	Employer (See Instructions	·/-		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/25/2025	Full name of contributor			Amount of Contribution (\$)	\$50.00
		Kyle, TX 78640-6513				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Ivester, Jonathan Contributor address; City; State; Zip Code Georgetown, TX 78626-2791			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: Jaworski, Joseph Contributor address; City; State; Zip Code Wimberley, TX 78676)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		I				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 9/16 Rpt: 13/51	
2	FILER NAME Zwiener, Erii	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4			7	Amount of Contribution (\$)	\$125.00	
_	Duinning Langu	Wimberley, TX 78676	O Franks or (Cas Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
Date Full name of contributor out-of-state PAC (ID#:) 06/23/2025 Kosch, Kevin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
Buda, TX 78610-2093		Employer (See Instructions				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/23/2025 Kunreuther, Judith Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
		Millburn, NJ 07041				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_LANCE, RACHEL Contributor address; City; State; Zip Code Austin, TX 78731-4002)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Lambeth, Margaret Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 10/16 Rpt: 14/51	
2	FILER NAME Zwiener, Erir	ı A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4			7	Amount of Contribution (\$)	\$25.00	
_		San Marcos, TX 78666-2270				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Date Full name of contributor out-of-state PAC (ID#:) Leatherwood, Rob Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00		
Ventura, CA 93003-0487				_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	')		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 MILLER, IDA Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
		San Marcos, TX 78666-4206				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: MYERS, LINDA Contributor address; City; State; Zip Code Austin, TX 78737-4576)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/28/2025 Mann, Timothy Contributor address; City; State; Zip Code Buda, TX 78610-5920			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 11/16 Rpt: 15/51	
2	FILER NAME Zwiener, Erir	A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4			7	Amount of Contribution (\$)	\$75.00	
_	Dringing Loon	Lewisville, TX 75077-2749	D. Employer (Con Instructions			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Dringing Lagor	Wimberley, TX 78676-6040	Franks var (Caa Instructions	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 McQueen, Penley Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
		Kyle, TX 78640-2087				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#: Nenney, Susan Contributor address; City; State; Zip Code Wimberley, TX 78676-5536			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Nuss, Melynda Contributor address; City; State; Zip Code Austin, TX 78704-5056			Amount of Contribution (\$)	\$15.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		I				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 12/16 Rpt: 16/51	
2	FILER NAME Zwiener, Erir	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)
4			7	Amount of Contribution (\$)	\$20.00	
8	Principal occu	Austin, TX 78737-9013 pation / Job title (See Instructions)	Employer (See Instructions	(;)		
_	· ····o.pai. occa	salion, oss also (coo included)	p.cyc. (eeec. ac.ac.ac.	,		
Date Full name of contributor out-of-state PAC (ID#:) O6/30/2025 Ogletree, Shirley Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
		San Marcos, TX 78666-3134				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Overall, Jane Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
		Austin, TX 78746-8033				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Parker, James Contributor address; City; State; Zip Code Austin, TX 78737-1438			Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 13/16 Rpt: 17/51		
2	FILER NAME Zwiener, Erir	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	on Filers)	
4	Date 06/24/2025 5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00		
8	Principal occu	Austin, TX 78745-6825 pation / Job title (See Instructions)	Employer (See Instructions	 			
Date Full name of contributor out-of-state PAC (ID#:)		<u> </u>	Amount of Contribution (\$)				
	06/26/2025 Powell, Richard Contributor address; City; State; Zip Code					\$50.00	
San Marcos, TX 78666-3875 Principal occupation / Job title (See Instructions) Employer (See Instruction				 			
Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Reilly, Jackie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00			
	Principal occu	Kyle, TX 78640-8926 pation / Job title (See Instructions)	Employer (See Instructions	:)			
	T Illicipal occu	Janot 7 300 title (See instructions)	Employer (See manuchons	')			
	Date 06/30/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00	
	Principal occu	Austin, TX 78745-3739 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)			
	Date 06/26/2025	O6/26/2025 Singleton, Betsy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	San Marcos, TX 78666-3079 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)			
		1					

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 14/16 Rpt: 18/51		
2	FILER NAME Zwiener, Erir	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)	
4			7	Amount of Contribution (\$)	\$500.00		
		Georgetown, TX 78628					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Stone, Briana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00			
		Buda, TX 78610-5123					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)			
	Date Full name of contributor out-of-state PAC (ID#:) O6/30/2025 Story, Barbara Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
		Austin, TX 78737-4643					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Strand, Liz Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu	Buda, TX 78610-2914 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Tennyson, Susan Contributor address; City; State; Zip Code Wimberley, TX 78676-0615			Amount of Contribution (\$)	\$100.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 15/16 Rpt: 19/51		
2	FILER NAME Zwiener, Erir	n A. (The Honorable)		3	Filer ID (Ethics Commission 00081543	n Filers)	
4			7	Amount of Contribution (\$)	\$25.00		
_	Dringing Loon	Austin, TX 78737-9119	D. Employer (Con Instructions	_			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
Date Full name of contributor out-of-state PAC (ID#:) Thompson, Jeff Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00			
Kyle, TX 78640-6466 Principal occupation / Job title (See Instructions) Employer (See Instruction				-, 			
	i illicipai occu	odition / Job title (See manuellons)	Employer (See manuchons	')			
Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Waller, Lacy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00			
		Kyle, TX 78640-9724					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Wallis, Robert Contributor address; City; State; Zip Code San Marcos, TX 78666-1018			Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/23/2025 Way, Peter Contributor address; City; State; Zip Code Houston, TX 77236			Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 16/16 Rpt: 20/51		
2	FILER NAME Zwiener, Eri	n A. (The Honorable)		3	Filer ID (Ethics Commissio 00081543	n Filers)	
4			7	Amount of Contribution (\$)	\$1,000.00		
		Wimberley, TX 78676					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_Welch, Janna Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00	
	Principal occu	Austin, TX 78737-8528 upation / Job title (See Instructions)	Employer (See Instructions	 s)			
	· 	, ,	. , ,				
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: Wernecke, Ellen Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$5.00	
		Chicago, IL 60657-5200					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Zeller, Charles Peretz Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00	
	Principal occu	Austin, TX 78733-3243 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.		
1	Total pages Schedule F1: Sch: 1/25 Rpt: 21/51	FILER NAME Zwiener, Erin A. (The Honorable)	;	Filer ID 00081543	(Ethics Commission Filers)
4	Date 06/20/2025	5 Payee name AT&T	•		
6	Amount (\$) \$189.66	7 Payee address; City; State; Zip Code 208 S Akard St			
8	PURPOSE OF EXPENDITURE	Dallas, TX 75202-4206 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	_	utside of Texas. Com TX, officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H		Office he	eld
	Date 01/21/2025	Payee name AT&T			
	Amount (\$) \$189.54	Payee address; City; State; Zip Code 208 S Akard St Dallas, TX 75202-4206			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Com TX, officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
	Date 03/20/2025	Payee name AT&T			
	Amount (\$) \$189.66	Payee address; City; State; Zip Code 208 S Akard St			
		Dallas, TX 75202-4206			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Com TX, officeholder living	
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought		Office he	eld

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/25 Rpt: 22/51	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	02/20/2025	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$189.54	208 S Akard St
		Dallas, TX 75202-4206
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		phone service
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitire to beliefit C/O	
	Date	Payee name
	05/20/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$189.66	208 S Akard St
		Dallas, TX 75202-4206
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		phone service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/21/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$189.66	208 S Akard St
		Dallas, TX 75202-4206
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		phone service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/25 Rpt: 23/51	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	04/02/2025	CFC Consulting
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	PO Box 301074
		Austin, TX 78703-0018
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Compliance consulting
		Compilative consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	01/17/2025	CFC Consulting
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	PO Box 301074
	\$350.00	PO BOX 301074
		4 // 70700 0040
		Austin, TX 78703-0018
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Compliance consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	04/29/2025	Centro Cultural Hispano de San Marcos
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	211 Lee St
	Ψ500.00	211 Lee 31
		San Marcos, TX 78666-6811
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/25 Rpt: 24/51	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	03/21/2025	Chartwells Higher Education Texas State University Catering
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$365.68	700 Moore St
		San Marcos, TX 78666-3330
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Town hall expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/10/2025	Clayton Spangler Photographic Design
	Amount (\$)	Payee address; City; State; Zip Code
	\$429.00	235 Point Lick Dr
	,	266 1 61111 2.53.1 2.
		Charleston, WV 25306-6785
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Texas House panoramic photo
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н
	Date	Payee name
	01/03/2025	Criminal Justice Reform Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 2910
		Austin, TX 78768-2910
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		- Bucs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 5/25 Rpt: 25/51	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	02/04/2025	Dripping Springs Education Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$518.75	PO Box 479
		Dripping Springs, TX 78620-0479
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Bondion
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
-	Data	
	Date	Payee name
	02/18/2025	Escape Game
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.66	405 Red River St
		Austin, TX 78701-4663
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Team building event
		Todan sanding cronk
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	02/10/2025	Payee name Escape Game
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$692.62	405 Red River St
		A . (f. TV 70704 4000
		Austin, TX 78701-4663
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Team building event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/25 Rpt: 26/51	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	06/02/2025	Google LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.93	25 Massachusetts Ave NW
		Washington, DC 20001-1430
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		email
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	04/01/2025	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.93	25 Massachusetts Ave NW
		Washington, DC 20001-1430
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		email email
	0 1: 0 11 1 1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	02/03/2025	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.99	25 Massachusetts Ave NW
		Washington, DC 20001-1430
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense email
		email
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	<u> </u>		
	Sch: 7/25 Rpt: 27/51	Zwiener, Erin A. (The Honorable) 00081543		
4	Date	5 Payee name		
	03/03/2025	Google LLC		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$40.93	25 Massachusetts Ave NW		
		Washington, DC 20001-1430		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		email		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	05/01/2025	Google LLC		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$40.93	25 Massachusetts Ave NW		
		Washington, DC 20001-1430		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		email		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		· · · · · · · · · · · · · · · · · · ·		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/02/2025	Google LLC		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$46.05	25 Massachusetts Ave NW		
		Washington, DC 20001-1430		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		email		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	experience to benefit of OTT			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 8/25 Rpt: 28/51	Zwiener, Erin A. (The Honorable) 00081543	
4	Date	5 Payee name	
	06/04/2025	Google LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6.39	25 Massachusetts Ave NW	
L		Washington, DC 20001-1430	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		fee	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	06/20/2025	H-E-B	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$58.78	641 E Hopkins St	
		San Marcos, TX 78666-7055	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense office supplies	
		office Supplies	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
⊨	Date	Davies same	
	05/13/2025	Payee name H-E-B	
L			
	Amount (\$) \$256.02	Payee address; City; State; Zip Code	
	\$250.02	641 E Hopkins St	
		Can Marsas, TV 70000 7055	
		San Marcos, TX 78666-7055	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel a utility of Taylor Camplete Schedule T	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		office supplies	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
一			
I			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution/ Onations Made By -

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/25 Rpt: 29/51	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	03/18/2025	H-E-B
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$218.81	641 E Hopkins St
		San Marcos, TX 78666-7055
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office supplies
		onide supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/02/2025	H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$332.05	641 E Hopkins St
	Ψ552.05	041 E 110pkiii3 3t
		San Marcos, TX 78666-7055
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office supplies
Complete ONLY if direct		Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/30/2025	H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$310.39	641 E Hopkins St
		San Marcos, TX 78666-7055
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense office supplies
		onide supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 10/25 Rpt: 30/51	Zwiener, Erin A. (The Honorable) 00081543		
4	Date	5 Payee name		
	05/22/2025	H-E-B		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$320.86	641 E Hopkins St		
		San Marcos, TX 78666-7055		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		office supplies		
		onice supplies		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
L				
	Date	Payee name		
	04/16/2025	H-E-B		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$280.98	641 E Hopkins St		
		San Marcos, TX 78666-7055		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		office supplies		
		onice supplies		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH			
_	D :			
	Date	Payee name		
	03/03/2025	H-E-B		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$273.02	641 E Hopkins St		
		San Marcos, TX 78666-7055		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		office supplies		
	Commission ONU Wife allows	Condidate/Officeholder name		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	·			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 11/25 Rpt: 31/51	Zwiener, Erin A. (The Honorable) 00081543				
4	Date	5 Payee name				
	06/02/2025	H-E-B				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$149.37	641 E Hopkins St				
		San Marcos, TX 78666-7055				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense office supplies				
		office supplies				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
\vdash	Dete					
	Date	Payee name				
	01/11/2025	Hays County Food Bank				
	Amount (\$)	Payee address; City; State; Zip Code				
\$760.00		220 Herndon St				
		San Marcos, TX 78666-5415				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
		Candidate/Officeholder/Political Committee				
		uonation				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	_					
	Date	Payee name				
	04/01/2025	Hill Country Springs				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$113.30	10019 S I-35 Frontage Rd				
		Austin, TX 78747				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
		Check if Austin, TX, officeholder living expense				
		water delivery				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/25 Rpt: 32/51	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	02/26/2025	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$207.06	10019 S I-35 Frontage Rd
		Austin, TX 78747
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense water delivery
		water delivery
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	03/03/2025	Hill Country Springs
H	Amount (\$)	Payee address; City; State; Zip Code
	\$49.99	
	Ф49.99	10019 S I-35 Frontage Rd
		Austin, TX 78747
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		water delivery
		mater controlly
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	05/01/2025	Hill Country Springs
H	Amount (\$)	Payee address; City; State; Zip Code
	\$161.81	10019 S I-35 Frontage Rd
	Ψ101.01	10019 3 F33 Floritage Nu
		Aughin TV 70747
		Austin, TX 78747
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		water delivery
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

l	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2	FILER NAME			3	;	Filer ID	(Ethics Commission File	lers)
l	Sch: 13/25 Rpt: 33/51		Zwiener, Erin A. (The Honorable)					00081543		
4	Date	5	Payee name			·				
	06/02/2025		Hill Country Springs							
6	Amount (\$)	7	Payee address; City; St	ate; Zip Co	de					
l	\$78.82		10019 S I-35 Frontage Rd							
l										
			Austin, TX 78747							
8	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description				
l	OF EXPENDITURE		Office Overhead/Rental Expense			Check if travel out				
						Check if Austin, TX water delivery	Χ, ι	officeholder living	expense	
						water delivery				
9	Complete ONLY if direct	Ц,	Candidate/Officeholder name	Office sou	aht			Office he	ald .	
ľ	expenditure to benefit C/O		sandidato, emechelaer name	Omoc sou	9			Omoo no		
H	Date	Π	Payee name							
	04/29/2025		Hinds, Chesley							
⊢	Amount (\$)	\vdash	<u> </u>	ate; Zip Co	de					
	\$600.00		10301 Ranch Road 2222	s, —.p = -						
			Apt 1712							
l			Austin, TX 78730-1255							
┝	PURPOSE	(a)	Category (See Categories listed at the top of this		(b)	Description				
l	OF	``	Salaries/Wages/Contract Labor	s scriedule)	()	Check if travel out	tsid	e of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin, T			expense	
						Salary supplem	ne	nt		
L	Commists ONII V if direct	<u>L</u>		Office	a. la.t			Office he	ıla	
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name	Office sou	grit			Office he	eiu	
⊨	Data	ī	Davis same							
	Date 03/12/2025		Payee name Hinds, Chesley							
┝	Amount (\$)	\vdash	<u>*</u>	ate; Zip Co	do					
l	\$1,200.00		10301 Ranch Road 2222	ate, Zip Co	ue					
l	Ψ1,200.00		Apt 1712							
			Austin, TX 78730-1255							
	DUDDOCE	(0)		1	(b)	Description				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	s schedule)	(D)	Description Check if travel out	tsid	e of Texas. Com	olete Schedule T.	
l	EXPENDITURE		Salaties/Wages/Contract Labor			Check if Austin, T				
l						Salary supplem	ne	nt		
L										
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght			Office he	eld	
L	experiulture to beliefit C/OI	'								
_					_				 	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 14/25 Rpt: 34/51	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	05/30/2025	Hinds, Chesley
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	10301 Ranch Road 2222
		Apt 1712
		Austin, TX 78730-1255
8	PURPOSE	1
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Salary supplement
		and a series
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
L		
	Date	Payee name
	06/30/2025	Hinds, Chesley
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	10301 Ranch Road 2222
		Apt 1712
		Austin, TX 78730-1255
		To a second seco
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Salary supplement
		Galary Supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		
	Date	Payee name
L	03/26/2025	Hinds, Chesley
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	10301 Ranch Road 2222
		Apt 1712
		Austin, TX 78730-1255
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Salary supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 15/25 Rpt: 35/51	Zwiener, Erin A. (The Honorable) 00081543		
4	Date	5 Payee name		
	02/06/2025	Innovation and Technology Caucus		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$250.00	PO Box 2910		
		Austin, TX 78768-2910		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Dues		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
J	expenditure to benefit C/O			
_	Date	Davies warms		
	02/03/2025	Payee name Instacart		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$247.53	Address		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense office supplies		
		Since Supplies		
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH			
┝	Data			
	Date 02/10/2025	Payee name Instacart		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$168.57	Address		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense office supplies		
		Стос варрнов		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH			

SCHEDULE F1

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

Fees Office Overhead/I Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Lenal Services Salaries/Mages/C

	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 16/25 Rpt: 36/51	Zwiener, Erin A. (The Honorable) 00081543	
4	Date	5 Payee name	
	01/19/2025	Intuit	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$71.96	2632 Marine Way	
		Mountain View, CA 94043-1126	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Payroll and accounting software	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit of or		
	Date	Payee name	
	02/19/2025	Intuit	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$179.32	2632 Marine Way	
		Mountain View, CA 94043-1126	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Payroll and accounting software	
		Tayron and associating contract	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Data	David and the second se	
	Date 01/02/2025	Payee name	
	01/02/2025	Intuit	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$154.80	2632 Marine Way	
		Mountain View, CA 04043 1136	
	D. I.D	Mountain View, CA 94043-1126	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Payroll and accounting software	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/25 Rpt: 37/51	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	01/24/2025	Kyle Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	4807 KIRBY Dr
		Kyle, TX 78640
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	01/27/2025	LBJ Museum
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	2313 Red River St
		Austin, TX 78705-5737
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Sponosionip
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davis same
	Date	Payee name Mailahima
	03/12/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.07	675 Ponce De Leon Ave NE
		Ste 5000
		Atlanta, GA 30308-2172
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Email distribution software
_	Operation ONE V. C. F.	On didn't lotter had a many
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political Committee Credit Card Payment			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
	Sch: 18/25 Rpt: 38/51	Zwiener, Erin A. (The Honorable) 00081543	
4	Date	5 Payee name	
	04/14/2025	Mailchimp	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$98.07	675 Ponce De Leon Ave NE	
		Ste 5000	
		Atlanta, GA 30308-2172	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Email distribution software	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	05/12/2025	Mailchimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$98.07	675 Ponce De Leon Ave NE	
		Ste 5000	
		Atlanta, GA 30308-2172	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Email distribution software	
		Email distribution software	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	02/12/2025	Mailchimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$98.07	675 Ponce De Leon Ave NE	
		Ste 5000	
		Atlanta, GA 30308-2172	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	_/	Check if Austin, TX, officeholder living expense	
		Email distribution software	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	PH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
					ue explains now to co	mpi	ete triis iorni.	_			
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission F	-ilers)
	Sch: 19/25 Rpt: 39/51	ch: 19/25 Rpt: 39/51 Zwiener, E			able)				00081543		
4	Date	5	Payee name								
	06/12/2025	l	Mailchimp								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip Co	ahe					
ľ	` '	ľ	•	De Leon Ave NE	State, Zip Ci	Jue					
	\$98.07	l		De Leon Ave NE							
		l	Ste 5000								
		l	Atlanta, GA	30308-2172							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	ton of this schedule)	(b)	Description				
	OF			head/Rental Expe				outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE	l					Check if Austin	, TX,	officeholder living	g expense	
		l					Email distribu	ıtio	n software		
		l									
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Office sou	ught			Office h	eld	
	expenditure to benefit C/OI	Η									
	Date		Payee name								
	01/21/2025		Mailchimp								
	Amount (\$)		Payee addres	ss; City;	State; Zip Co	ode					
	\$84.99	l	675 Ponce	De Leon Ave NE							
4000			Ste 5000								
		l		20200 2172							
			Atlanta, GA	30308-2172							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	l	Office Overl	head/Rental Expe	ense		<u> </u>			plete Schedule T.	
		l					ш		officeholder living	g expense	
							Email distribu	OIJL	n sonware		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Office sou	ught			Office h	eld	
	experialiture to benefit C/Oi										
	Date		Payee name								
	04/07/2025		NGP Van In	IC.							
	Amount (\$)		Payee addres	ss; City;	State; Zip Co	ode					
	\$341.12	l	,	ork Ave NW	J,,						
	Ψ0-11.12	l		OIK / WE IVV							
		l	Ste 200								
			Washington	, DC 20005-2158	3						
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	l	Office Overl	head/Rental Expe	ense					plete Schedule T.	
	EXI ENDITORE	l							officeholder living	g expense	
							Database sof	rtwa	are		
	Complete ONLY if direct		Candidate/Offi	ceholder name	Office sou	ught			Office h	eld	
	expenditure to benefit C/O	Н									
l											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			ttee Le						OTHER (enter a	a category not listed above)	
	· .			ne Instruction Gu	ide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2 FIL	LER NAME					3	Filer ID	(Ethics Commission Filers	;)
	Sch: 20/25 Rpt: 40/51	1 Zwiener, Erin A. (The Honorable)							00081543		
4	Date	5 Pa	yee name								
	06/03/2025	NG	GP Van Inc.								
6	Amount (\$)	7 Pa	yee address	; City;	State; Zip	Code					
	\$341.12	14	145 New Yo	rk Ave NW							
		Ste	e 200								
				DC 20005-215	Ω						
Ļ	DUDDOGE					10-1					
8	PURPOSE OF				e top of this schedule)	(b)	Description	o.uto:	do of Toyon Con	anlata Cabadula T	
	EXPENDITURE	Of	flice Overhe	ad/Rental Exp	ense				of rexas. Con officeholder livin	nplete Schedule T.	
							Database sof			g oxponed	
9	Complete ONLY if direct	Can	ndidate/Office	holder name	Office s	ought			Office h	ald	
	expenditure to benefit C/O		ididate/Office	noider name	Office	ougin			Office fi	Ciu	
_	Data	ı									_
	Date		yee name								
	03/03/2025	NO	GP Van Inc.								
	Amount (\$)	Pa	yee address	; City;	State; Zip	Code					
	\$341.12	14	145 New Yo	rk Ave NW							
		Ste	Ste 200								
		Wa	ashington, I	OC 20005-215	8						
	PURPOSE	(a) Ca	ategory (See	Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	I		ad/Rental Exp			Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE						ш		officeholder livin	g expense	
							Database sof	ftwa	are		
	Complete ONLY if direct expenditure to benefit C/OH		ndidate/Office	holder name	Office s	ought			Office h	eld	
	experientare to benefit 6/6/										
	Date	Pa	yee name								
	05/02/2025	NO	GP Van Inc.								
	Amount (\$)	Pa	yee address	; City;	State; Zip	Code					
	\$341.12	14	145 New Yo	rk Ave NW							
		Ste	e 200								
		l wa	ashington. I	DC 20005-215	8						
	PURPOSE					(h)	. Description				
	OF			Categories listed at the ead/Rental Exp	e top of this schedule)	(6)	Description Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		ilice Overrie	au/Reniai ⊑xp	ense				officeholder livin		
							Database sof	ftwa	are		
	Complete ONLY if direct		ndidate/Office	holder name	Office s	ought			Office h	eld	
	expenditure to benefit C/O	Н									
l											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Magas/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 21/25 Rpt: 41/51 Zwiener, Erin A. (The Honorable) 00081543 4 Date Payee name 01/02/2025 NGP Van Inc. 6 Amount (\$) Payee address; State; Zip Code \$341.12 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Database software Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/06/2025 NGP Van Inc. Amount (\$) Payee address; City; State; Zip Code \$341.12 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Database software Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/14/2025 Roaring Fork Amount (\$) Payee address; City: State; Zip Code \$241.23 701 Congress Ave Austin, TX 78701-3216 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Officeholder meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Labor OTHER (enter a category not listed above)

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/25 Rpt: 42/51	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	01/06/2025	Scale to Win
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$360.66	13742 Harper St
		Santa Ana, CA 92703-1419
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Text messages
		. O. A. Mossages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Data	B
	Date	Payee name Slack
	05/01/2025	
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.10	415 Mission St
	!	FI 3
	!	San Francisco, CA 94105-2504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	<u> </u>	Check if Austin, TX, officeholder living expense software
		Sollware
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	02/03/2025	Slack
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.95	415 Mission St
		FI 3
		San Francisco, CA 94105-2504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		software
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	ı

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/25 Rpt: 43/51	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	01/17/2025	Slack
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$812.34	415 Mission St
		FI 3
		San Francisco, CA 94105-2504
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Soliwale
۵	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	03/03/2025	Slack
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.14	415 Mission St
		FI 3
		San Francisco, CA 94105-2504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Software
		Soliware
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/02/2025	Texas Legislative Study Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 2910
		Austin, TX 78768-2910
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/25 Rpt: 44/51	Zwiener, Erin A. (The Honorable) 00081543
4	Date	5 Payee name
	01/03/2025	Texas Women's Health Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 2910
		Austin, TX 78768-2910
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Dues
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/23/2025	Vista Brewing
	Amount (\$)	Payee address; City; State; Zip Code
	\$583.20	13551 Ranch To Market Rd 150
		Driftwood, TX 78619
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense legislative gifts
		legislative girts
	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	05/19/2025	Westin Austin Downtown
	Amount (\$)	Payee address; City; State; Zip Code
	\$430.68	310 E 5th St
		Austin, TX 78701-3614
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		lodging during session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				mittee Legal Services Printing Expense P					a category not listed above)		
			The motivation ou	ide explains non to o	op.	1	_		/=::	_	
1	Total pages Schedule F1:	2						ı	Filer ID	(Ethics Commission Filers)	
	Sch: 25/25 Rpt: 45/51		Zwiener, Eri	n A. (The Honor	able)				00081543		
4	Date	5	Payee name								
	05/28/2025			in Downtown							
_		_			Ctata: 7in C	- d -					_
6	Amount (\$)	7	Payee addres		State; Zip C	oue					
	\$274.73		310 E 5th St								
			Austin, TX 7	8701-3614							
8	PURPOSE	(a)	Catagory			(h)	Description				-
١	OF	(۵)		e Categories listed at the	e top of this schedule)	(5)		nutsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Travel Out o	ii District			X Check if Austin,				
							lodging during			3 - 1	
								9 -			
Ļ	Complete ONU V If allow	Ц	Canadials to 1000		04:				Offi - 1	a ald	_
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	cenoider name	Office so	ugnt			Office I	neia	
	onponditare to benefit eye.										
	Date		Payee name								
	05/12/2025		Westin Aust	in Downtown							
	Amount (\$)	┢	Payee addres	s; City;	State; Zip C	ode					_
	\$263.92		310 E 5th St	•	State, Zip C	ouc					
	\$203.92		310 E 3111 S1								
			Austin, TX 7	8701-3614							
	PURPOSE	(a)	Category (Se	e Categories listed at the	e ton of this schedule)	(b)	Description				
	OF		Travel Out o		o top or time contention		·	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Trainer earle	. 2.001			X Check if Austin,	, TX,	officeholder livi	ng expense	
							lodging during	g s	ession		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office I	neld	\neg
	expenditure to benefit C/O	Н				Ū					
											_

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME	<u> </u>	·	3 Filer ID (Ethics Commission Filers)					
Sch: 1/4 Rpt: 46/51	Zwiener, Erin A. (Th	ne Honorable)	00081543						
4 CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged \$59.80	(b) Date of Charge 02/20/2025	(c) Date(s) Credit Card Issuer 02/23/2025	Paid					
7 PAYEE	(a) Payee name Voodoo Doughnut	City, Sta	ite, Zip Code						
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
PAYMENT	(a) Amount Charged \$10.83	(b) Date of Charge 02/27/2025	(c) Date(s) Credit Card Issuer 03/03/2025	r Paid					
PAYEE	(a) Payee name Platinum Parking		(b) Payee address; 500E East 8th Street Austin, TX 78701	City, Sta	ite, Zip Code				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description event parking						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 03/20/2025	(c) Date(s) Credit Card Issuer 04/24/2025	r Paid					
PAYEE	(a) Payee name Texas State Garage	e Park	(b) Payee address; 704 Gaillardia Street San Marcos, TX 78666	City, Sta	ite, Zip Code				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description event parking						
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

Candidate/Oniceriolder/Folitica	·· · · · · · · · · · · · · · · · · · ·	ruction Guide explains how	•	THEN (enter a category not liste	eu above)			
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 2/4 Rpt: 47/51	Zwiener, Erin A. (Th	ne Honorable)		00081543				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged \$143.92	(b) Date of Charge 03/20/2025	(c) Date(s) Credit Card Issuer 04/24/2025	r Paid				
7 PAYEE	(a) Payee name Blue Dahlia Bistro		(b) Payee address; 107 E Hopkins Street	City, Stat	e, Zip Code			
			San Marcos, TX 78666					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description constituent meeting					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT	(a) Amount Charged \$127.26	(b) Date of Charge 03/20/2025	(c) Date(s) Credit Card Issuel 04/24/2025	r Paid				
PAYEE	(a) Payee name North Street Curry		(b) Payee address; 216 North Street	City, Stat	e, Zip Code			
			San Marcos, TX 78666					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description local elected meeting					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT	(a) Amount Charged \$24.52	(b) Date of Charge 05/10/2025	(c) Date(s) Credit Card Issuer 05/30/2025	r Paid				
PAYEE	(a) Payee name PMC Paid Parking		(b) Payee address; 400 W Cesar Chavez Stre	City, Stat eet	e, Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	· · · · · · · · · · · · · · · · · · ·	Austin, TX 78701 (b) Description event parking					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:		3 Filer ID (Ethics Commission Filers)							
Sch: 3/4 Rpt: 48/51	Zwiener, Erin A. (Tl			00081543					
4 CREDIT CARD ISSUER		ncial institution revious	EXPENI	OF UNITEMIZED DITURES ED TO A CREDI	\$				
6 PAYMENT	(a) Amount Charged \$104.44	(b) Date of Charge 05/11/2025	(c) Date(s) 05/30/202	Credit Card Issue 25	er Paid				
7 PAYEE	(a) Payee name (b) Payee address; 1725 3rd Street Uber San Francisco, CA 94158					State,	Zip Code		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip	tion	<u> </u>				
Non-Political	· , -	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living e	xpense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
PAYMENT	(a) Amount Charged \$65.78	(b) Date of Charge 05/11/2025	(c) Date(s) 05/30/202	Credit Card Issue 25	er Paid				
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1725 3rd Street San Francisco, CA 94158						
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description rideshare						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living ex	xpense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
PAYMENT	(a) Amount Charged \$7.99	(b) Date of Charge 05/16/2025	(c) Date(s) 05/30/202	Credit Card Issue 25	er Paid				
PAYEE	(a) Payee name Uber		(b) Payee a 1725 3rd San Fran		City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descrip rideshare	_					
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	o oourelet	Check if Austin, TX	C, officeholder living e	xpense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
I									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officeholder/Politica	-	ces Sal ruction Guide explains how		THER (enter a category not listed above)				
1 Total pages Schedule F4:		detion ediae explains now	to complete this form.	3 Filer ID (Ethics Commission Filers)				
Sch: 4/4 Rpt: 49/51	Zwiener, Erin A. (Th	ne Honorable)		00081543				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					
6 PAYMENT	(a) Amount Charged \$12.90	(b) Date of Charge 05/16/2025	(c) Date(s) Credit Card Issuer Paid 05/30/2025					
7 PAYEE	(a) Payee name Uber		(b) Payee address; 1725 3rd Street San Francisco, CA 94158	City, State, Zip Code				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	(b) Description rideshare						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$35.99	06/25/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Tarka Indian Kitche	n	5207 Brodie Lane					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodula)	Austin, TX 78745 (b) Description					
X Political	Food/Beverage Expe		staff lunch					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Ex Printing E Salaries/V	xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Sch: 1/1 Rpt: 50/51		Zwiener, Erin A. (The Honorable)			00081543	
4	Date	5	Payee name				
	06/25/2025		Chase				
6	Amount (\$)	7	7 Payee address; City; State; Zip Code				
	\$603.43		P.O. Box 6294				
	Reimbursement from political contributions intended		Carol Stream, TX 60197				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Credit Card Payment		[Check if Austin, TX, officeholder living expense	
	LAI ENDITORE				Credit card expe	nses during reporting period	
9	Complete ONLY if direct		ndidate/Officeholder name		Office sought	Office held	
9	expenditure to benefit	Cai	ididate/Oniceriolder Harrie		Office sought	Office field	
	Date		Payee name				
	06/19/2025		Juneteenth Scholarship Foundation				
Amount (\$) Payee address;			Payee address; City; State;	City; State; Zip Code			
	\$260.00		1211 Mountain View Drive				
	Reimbursement from political contributions intended		San Marcos, TX 78666				
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commit	ttee	donation	Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held	
	Date	Г	Payee name				
	05/18/2025		Michael Chudy				
	Amount (\$) \$60.00		Payee address; City; State; 12460 Fairfax Ridge Place	Zip Co	ode		
	Reimbursement from political contributions intended		Austin, TX 78738				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sched Gift/Awards/Memorials Expense	dule)	Description _	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
					legislative gift		
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 51/51 2 FILER NAME Filer ID (Ethics Commission Filers) Zwiener, Erin A. (The Honorable) 00081543 8 Amount (\$) Date 5 Name of person from whom amount is received 01/22/2025 NGP Van, Inc. \$106.60 6 Address of person from whom amount is received; City; State; Zip Code Washington, DC 20005 Purpose for which amount is received Check if political contribution returned to filer refund Amount (\$) Name of person from whom amount is received Date 01/22/2025 NGP Van, Inc. \$106.60 Address of person from whom amount is received; City; State; Zip Code Washington, DC 20005 Purpose for which amount is received Check if political contribution returned to filer refund