

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

|                                                               |  |                                                                                                                                                                                  |  |                                                                                                                                                                                                                                    |  |
|---------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1</b> Filer ID (Ethics Commission Filers)<br>00070105      |  | <b>2</b> Total pages filed:<br>15                                                                                                                                                |  | <b>OFFICE USE ONLY</b>                                                                                                                                                                                                             |  |
| <b>3</b> COMMITTEE NAME<br>Planned Parenthood Texas Votes PAC |  |                                                                                                                                                                                  |  | Date Received<br>ELECTRONICALLY FILED<br>11/14/2025                                                                                                                                                                                |  |
| <b>4</b> TREASURER NAME<br>Brailey, Carla (Dr.)               |  |                                                                                                                                                                                  |  | Date Hand-delivered or Date Postmarked                                                                                                                                                                                             |  |
| <b>5</b> ORIGINAL REPORT TYPE                                 |  | <input type="checkbox"/> January 15<br><input type="checkbox"/> July 15<br><input type="checkbox"/> 30th day before election<br><input type="checkbox"/> 8th day before election |  | <input type="checkbox"/> Runoff<br><input type="checkbox"/> 10th day after campaign treasurer resignation<br><input type="checkbox"/> Dissolution report<br><input checked="" type="checkbox"/> Other (specify) <u>September 5</u> |  |
| <b>6</b> ORIGINAL PERIOD COVERED                              |  | Month Day Year<br>07/26/2025                                                                                                                                                     |  | Month Day Year<br>THROUGH 08/25/2025                                                                                                                                                                                               |  |
|                                                               |  |                                                                                                                                                                                  |  | Receipt # Amount                                                                                                                                                                                                                   |  |
|                                                               |  |                                                                                                                                                                                  |  | Date Processed                                                                                                                                                                                                                     |  |
|                                                               |  |                                                                                                                                                                                  |  | Date Imaged                                                                                                                                                                                                                        |  |

**7 EXPLANATION OF CORRECTION**

This report is being amended to include an in-kind contribution that was recently communicated to the PAC, and related expenditures on Schedule F4. The original report was filed in good faith and without intent to mislead or misrepresent the contents of the report.

**8 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☐ **Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Dr. Carla Brailey

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

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

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |  |                                                                                                                                                                       |  |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| The MPAC Instruction Guide explains how to complete this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 Filer ID<br>(Ethics Commission Filers)<br>00070105 |  | 2 Total pages filed:<br>15                                                                                                                                            |  |
| 3 COMMITTEE NAME<br>Planned Parenthood Texas Votes PAC         |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |  | OFFICE USE ONLY<br>Date Received<br>ELECTRONICALLY FILED<br>11/14/2025<br>Date Hand-delivered or Date Postmarked<br>Receipt # Amount<br>Date Processed<br>Date Imaged |  |
| 4 COMMITTEE ADDRESS                                            | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP<br>PO BOX 41646<br><br>Austin, TX 78704                                                                                                                                                                                                                                                                                                                                                  |                                                      |  |                                                                                                                                                                       |  |
| 5 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR FIRST MI<br>Dr. Carla<br><br>NICKNAME LAST SUFFIX<br>Brailey                                                                                                                                                                                                                                                                                                                                                                 |                                                      |  |                                                                                                                                                                       |  |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>200 E Ben White Blvd., Bldg B<br><br>Austin, TX 78704                                                                                                                                                                                                                                                                                                           |                                                      |  |                                                                                                                                                                       |  |
| 7 CAMPAIGN TREASURER MAILING ADDRESS                           | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>200 E Ben White Blvd., Bldg B<br><br>Austin, TX 78704                                                                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                       |  |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE PHONE NUMBER EXTENSION<br>(713) 907-9651                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |  |                                                                                                                                                                       |  |
| 9 REPORT TYPE                                                  | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                       |  |
| 10 MONTHLY REPORT FILING DEADLINE                              | <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5<br><input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input checked="" type="checkbox"/> September 5 <input type="checkbox"/> December 5 |                                                      |  |                                                                                                                                                                       |  |
| 11 PERIOD COVERED                                              | Month Day Year    THROUGH    Month Day Year<br>07/26/2025    08/25/2025                                                                                                                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                       |  |

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

|                                                                                                         |                                                                                                      |                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Planned Parenthood Texas Votes PAC                                          |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00070105                                                                                                                                                                                         |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported                                                                                                                                                                                                                                      |
|                                                                                                         |                                                                                                      | B. Opposed                                                                                                                                                                                                                                        |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                                                                                                                                                                                      |
|                                                                                                         |                                                                                                      | B. Opposed                                                                                                                                                                                                                                        |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                                                                                                                                                                                   |
|                                                                                                         | <b>15 CONTRIBUTION TOTALS</b>                                                                        | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold |
|                                                                                                         | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       | \$ 8,962.60                                                                                                                                                                                                                                       |
| EXPENDITURE TOTALS                                                                                      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                    | \$ 63.94                                                                                                                                                                                                                                          |
|                                                                                                         | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                               | \$ 7,986.86                                                                                                                                                                                                                                       |
| CONTRIBUTION BALANCE                                                                                    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>        | \$ 42,242.20                                                                                                                                                                                                                                      |
| OUTSTANDING LOAN TOTALS                                                                                 | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b> | \$ 0.00                                                                                                                                                                                                                                           |

### 16 AFFIDAVIT

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

Dr. Carla Brailey

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
4 of 15

|                                                                |                                                                                                                   |                                |                            |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|
| <b>17 COMMITTEE NAME</b><br>Planned Parenthood Texas Votes PAC |                                                                                                                   | <b>18 Filer ID</b><br>00070105 | (Ethics Commission Filers) |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE               |                                                                                                                   | SUBTOTAL AMOUNT                |                            |
| 1.                                                             | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$                             | 3,095.73                   |
| 2.                                                             | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                   | \$                             | 5,866.87                   |
| 3.                                                             | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                        | \$                             |                            |
| 4.                                                             | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$                             |                            |
| 5.                                                             | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$                             |                            |
| 6.                                                             | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$                             |                            |
| 7.                                                             | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$                             |                            |
| 8.                                                             | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$                             |                            |
| 9.                                                             | <input type="checkbox"/> SCHEDULE E: LOANS                                                                        | \$                             |                            |
| 10.                                                            | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$                             | 5,429.30                   |
| 11.                                                            | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                      | \$                             | 2,557.56                   |
| 12.                                                            | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$                             |                            |
| 13.                                                            | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                            | \$                             |                            |
| 14.                                                            | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$                             |                            |
| 15.                                                            | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$                             |                            |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                         |                                                                                                                                                                                                 |                                                                    |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>        |                                                                                                                                                                                                 | <b>1</b> Total pages Schedule A1:<br>Sch: 1/5 Rpt: 5/15            |
| <b>2</b> FILER NAME<br>Planned Parenthood Texas Votes PAC               |                                                                                                                                                                                                 | <b>3</b> Filer ID (Ethics Commission Filers)<br>00070105           |
| <b>4</b> Date<br>08/16/2025                                             | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Brotman, Susan<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78748 | <b>7</b> Amount of Contribution (\$)<br><br>\$18.00                |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired |                                                                                                                                                                                                 | <b>9</b> Employer (See Instructions)<br>Retired                    |
| Date<br>08/24/2025                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cleeves, Benjamin<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75219                | Amount of Contribution (\$)<br><br>\$125.00                        |
| Principal occupation / Job title (See Instructions)<br>Controller       |                                                                                                                                                                                                 | Employer (See Instructions)<br>Loncar Lyon Jenkins                 |
| Date<br>08/23/2025                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dalton, Jeff<br><hr/> Contributor address; City; State; Zip Code<br><br>McKinney, TX 75070-1679              | Amount of Contribution (\$)<br><br>\$250.00                        |
| Principal occupation / Job title (See Instructions)<br>Consultant       |                                                                                                                                                                                                 | Employer (See Instructions)<br>Self                                |
| Date<br>08/23/2025                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ehrlich, Kurt<br><hr/> Contributor address; City; State; Zip Code<br><br>Carrollton, TX 75007                | Amount of Contribution (\$)<br><br>\$250.00                        |
| Principal occupation / Job title (See Instructions)<br>engineer         |                                                                                                                                                                                                 | Employer (See Instructions)<br>UTSW Medical Center                 |
| Date<br>08/19/2025                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ginsberg, Elizabeth<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75230              | Amount of Contribution (\$)<br><br>\$125.00                        |
| Principal occupation / Job title (See Instructions)<br>Attorney         |                                                                                                                                                                                                 | Employer (See Instructions)<br>Law Offices of Elizabeth Caldcleugh |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                      |                                                                                                                                                                                                  |                                                          |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>     |                                                                                                                                                                                                  | <b>1</b> Total pages Schedule A1:<br>Sch: 2/5 Rpt: 6/15  |
| <b>2</b> FILER NAME<br>Planned Parenthood Texas Votes PAC            |                                                                                                                                                                                                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00070105 |
| <b>4</b> Date<br>08/23/2025                                          | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Grinter, Alison<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75236 | <b>7</b> Amount of Contribution (\$)<br><br>\$17.50      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Atty |                                                                                                                                                                                                  | <b>9</b> Employer (See Instructions)<br>Self             |
| Date<br>08/23/2025                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Huffman, Martin<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75229                   | Amount of Contribution (\$)<br><br>\$500.00              |
| Principal occupation / Job title (See Instructions)<br>Judge         |                                                                                                                                                                                                  | Employer (See Instructions)<br>State of Texas            |
| Date<br>08/08/2025                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lambert, Liz<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78703                      | Amount of Contribution (\$)<br><br>\$83.33               |
| Principal occupation / Job title (See Instructions)<br>Designer      |                                                                                                                                                                                                  | Employer (See Instructions)<br>MML                       |
| Date<br>08/17/2025                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lane, JoAnn<br><hr/> Contributor address; City; State; Zip Code<br><br>Colleyville, TX 76034                  | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)<br>Accountant    |                                                                                                                                                                                                  | Employer (See Instructions)<br>Life Stewardship LLC      |
| Date<br>08/25/2025                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lane, Troy<br><hr/> Contributor address; City; State; Zip Code<br><br>Colleyville, TX 76034                   | Amount of Contribution (\$)<br><br>\$35.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed  |                                                                                                                                                                                                  | Employer (See Instructions)<br>Not Employed              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                              |                                                                                                                                                                                                  |                                                              |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>             |                                                                                                                                                                                                  | <b>1</b> Total pages Schedule A1:<br>Sch: 3/5 Rpt: 7/15      |
| <b>2</b> FILER NAME<br>Planned Parenthood Texas Votes PAC                    |                                                                                                                                                                                                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00070105     |
| <b>4</b> Date<br>08/25/2025                                                  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lane, Troy<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Colleyville, TX 76034 | <b>7</b> Amount of Contribution (\$)<br><br>\$35.00          |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not Employed |                                                                                                                                                                                                  | <b>9</b> Employer (See Instructions)<br>Not Employed         |
| Date<br>08/01/2025                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Linton, Melaney<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77023                  | Amount of Contribution (\$)<br><br>\$103.45                  |
| Principal occupation / Job title (See Instructions)<br>Executive             |                                                                                                                                                                                                  | Employer (See Instructions)<br>Planned Parenthood Gulf Coast |
| Date<br>08/24/2025                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moorehead, Audrey<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75232                 | Amount of Contribution (\$)<br><br>\$125.00                  |
| Principal occupation / Job title (See Instructions)<br>Judge                 |                                                                                                                                                                                                  | Employer (See Instructions)<br>Dallas County                 |
| Date<br>08/24/2025                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Narvaez, Omar<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75212                     | Amount of Contribution (\$)<br><br>\$500.00                  |
| Principal occupation / Job title (See Instructions)<br>Community Educator    |                                                                                                                                                                                                  | Employer (See Instructions)<br>Lambda Legal                  |
| Date<br>08/23/2025                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Nowell, Erin<br><hr/> Contributor address; City; State; Zip Code<br><br>Duncanville, TX 75138                 | Amount of Contribution (\$)<br><br>\$125.00                  |
| Principal occupation / Job title (See Instructions)<br>Attorney              |                                                                                                                                                                                                  | Employer (See Instructions)<br>Carter Law Group              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|                                                                           |                                                                                                                                                                                              |                                                          |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>          |                                                                                                                                                                                              | <b>1</b> Total pages Schedule A1:<br>Sch: 4/5 Rpt: 8/15  |
| <b>2</b> FILER NAME<br>Planned Parenthood Texas Votes PAC                 |                                                                                                                                                                                              | <b>3</b> Filer ID (Ethics Commission Filers)<br>00070105 |
| <b>4</b> Date<br>08/23/2025                                               | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Otts, Tim<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Mesquite, TX 75150 | <b>7</b> Amount of Contribution (\$)<br><br>\$17.50      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Paralegal |                                                                                                                                                                                              | <b>9</b> Employer (See Instructions)<br>Sanford Firm     |
| Date<br>08/20/2025                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rieger, John<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75207                  | Amount of Contribution (\$)<br><br>\$125.00              |
| Principal occupation / Job title (See Instructions)<br>Sr. Recruiter      |                                                                                                                                                                                              | Employer (See Instructions)<br>Consolidated Analytics    |
| Date<br>08/22/2025                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rojas, Fernando<br><hr/> Contributor address; City; State; Zip Code<br><br>Mesquite, TX 75150             | Amount of Contribution (\$)<br><br>\$17.50               |
| Principal occupation / Job title (See Instructions)<br>Not Employed       |                                                                                                                                                                                              | Employer (See Instructions)<br>Not Employed              |
| Date<br>08/16/2025                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Siemers-Kennedy, Laura<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77019       | Amount of Contribution (\$)<br><br>\$5.00                |
| Principal occupation / Job title (See Instructions)<br>Engineer           |                                                                                                                                                                                              | Employer (See Instructions)<br>Mott MacDonald            |
| Date<br>08/06/2025                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Smith, Steven<br><hr/> Contributor address; City; State; Zip Code<br><br>Temple, TX 76501                 | Amount of Contribution (\$)<br><br>\$103.45              |
| Principal occupation / Job title (See Instructions)<br>Retired            |                                                                                                                                                                                              | Employer (See Instructions)<br>Retired                   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                              |                                                                                                                                                                                                      |                                                            |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>             |                                                                                                                                                                                                      | <b>1</b> Total pages Schedule A1:<br>Sch: 5/5 Rpt: 9/15    |
| <b>2</b> FILER NAME<br>Planned Parenthood Texas Votes PAC                    |                                                                                                                                                                                                      | <b>3</b> Filer ID (Ethics Commission Filers)<br>00070105   |
| <b>4</b> Date<br>08/20/2025                                                  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Vance, Brandon<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75203-3328 | <b>7</b> Amount of Contribution (\$)<br><br>\$125.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not Employed |                                                                                                                                                                                                      | <b>9</b> Employer (See Instructions)<br>Not Employed       |
| Date<br>08/13/2025                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>West, Chad<br><hr/> Contributor address; City; State; Zip Code<br><br>Midlothian, TX 76065                        | Amount of Contribution (\$)<br><br>\$125.00                |
| Principal occupation / Job title (See Instructions)<br>City councilmember    |                                                                                                                                                                                                      | Employer (See Instructions)<br>City of Dallas              |
| Date<br>08/22/2025                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wierman, Brittany<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75244                     | Amount of Contribution (\$)<br><br>\$17.50                 |
| Principal occupation / Job title (See Instructions)<br>Therapist             |                                                                                                                                                                                                      | Employer (See Instructions)<br>MOC                         |
| Date<br>08/23/2025                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wilmes, Kyra<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75248                          | Amount of Contribution (\$)<br><br>\$17.50                 |
| Principal occupation / Job title (See Instructions)<br>Program Coordinator   |                                                                                                                                                                                                      | Employer (See Instructions)<br>Lawyers for Good Government |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

|                                                                             |                                                                                                                    |                                                                                 |                                                                                                                            |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                   |                                                                                                                    | 1 Total pages Schedule A2:<br>Sch: 1/1 Rpt: 10/15                               |                                                                                                                            |
| 2 FILER NAME<br>Planned Parenthood Texas Votes PAC                          |                                                                                                                    | 3 Filer ID (Ethics Commission Filers)<br>00070105                               |                                                                                                                            |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |                                                                                                                    | \$                                                                              |                                                                                                                            |
| 5 Date<br>08/19/2025                                                        | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texas House Democratic Caucus | 8 Amount of contribution (\$)<br>\$5,866.87                                     | 9 In-kind contribution description<br>Airfare, lodging, and meals for PAC staff to attend Texas Democrats Quorum Break for |
| 7 Contributor address; City; State; Zip Code<br><br>Austin, TX 78711        |                                                                                                                    | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                                                                                            |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)   |                                                                                                                    | 11 Employer (FOR NON-JUDICIAL) (See instructions)                               |                                                                                                                            |
| 12 Contributor's principal occupation (FOR JUDICIAL)                        |                                                                                                                    | 13 Contributor's job title (FOR JUDICIAL) (See instructions)                    |                                                                                                                            |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                           |                                                                                                                    | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |                                                                                                                            |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |                                                                                                                    |                                                                                 |                                                                                                                            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                                                  |                                                                                                          |                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/3 Rpt: 11/15                                         | <b>2</b> FILER NAME<br>Planned Parenthood Texas Votes PAC                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00070105                                                                                                                                                                                                                    |
| <b>4</b> Date<br>07/30/2025                                                                      | <b>5</b> Payee name<br>ActBlue LLC                                                                       |                                                                                                                                                                                                                                                                             |
| <b>6</b> Amount (\$)<br>\$34.77<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>366 Summer St<br><br>Somerville, MA 02144               |                                                                                                                                                                                                                                                                             |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Processing fees for processing multiple credit card contributions 7/30/25-8/16/25 |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              | Candidate/Officeholder name                                                                              | Office sought Office held                                                                                                                                                                                                                                                   |
| Date<br>08/25/2025                                                                               | Payee name<br>Atchley & Associates LLP                                                                   |                                                                                                                                                                                                                                                                             |
| Amount (\$)<br>\$2,468.50<br><br><input type="checkbox"/> Expenditure from corporate funds       | Payee address; City; State; Zip Code<br>1005 La Posada Dr<br><br>Austin, TX 78752                        |                                                                                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                                                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PAC accounting and reporting services                                             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       | Candidate/Officeholder name                                                                              | Office sought Office held                                                                                                                                                                                                                                                   |
| Date<br>08/25/2025                                                                               | Payee name<br>Caballero, Darcy                                                                           |                                                                                                                                                                                                                                                                             |
| Amount (\$)<br>\$1,802.22<br><br><input type="checkbox"/> Expenditure from corporate funds       | Payee address; City; State; Zip Code<br>2708 S Lamar Blvd Ste 200A<br><br>Austin, TX 78704               |                                                                                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                                                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>In Kind: Meeting/ communicating with Texas House Democratic Caucus                |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       | Candidate/Officeholder name                                                                              | Office sought Office held                                                                                                                                                                                                                                                   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                                                  |                                                                                                  |                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/3 Rpt: 12/15                                         | <b>2</b> FILER NAME<br>Planned Parenthood Texas Votes PAC                                        | <b>3</b> Filer ID (Ethics Commission Filers)<br>00070105                                                                                                                                                           |
| <b>4</b> Date<br>08/17/2025                                                                      | <b>5</b> Payee name<br>Kaido Sushi                                                               |                                                                                                                                                                                                                    |
| <b>6</b> Amount (\$)<br>\$60.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>45 W Golf Rd<br><br>Arlington Heights, IL 60005 |                                                                                                                                                                                                                    |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PAC staff meal           |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              |                                                                                                  |                                                                                                                                                                                                                    |
| Date<br>08/10/2025                                                                               | Candidate/Officeholder name<br>Office sought<br>Office held                                      |                                                                                                                                                                                                                    |
| Payee name<br>Lyft                                                                               |                                                                                                  |                                                                                                                                                                                                                    |
| Amount (\$)<br>\$17.74<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2855 Mangum Rd Ste B106<br><br>Houston, TX 77092         |                                                                                                                                                                                                                    |
| PURPOSE OF EXPENDITURE                                                                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PAC staff transportation |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                  |                                                                                                                                                                                                                    |
| Date<br>08/19/2025                                                                               | Candidate/Officeholder name<br>Office sought<br>Office held                                      |                                                                                                                                                                                                                    |
| Payee name<br>Lyft                                                                               |                                                                                                  |                                                                                                                                                                                                                    |
| Amount (\$)<br>\$11.72<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2855 Mangum Rd Ste B106<br><br>Houston, TX 77092         |                                                                                                                                                                                                                    |
| PURPOSE OF EXPENDITURE                                                                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PAC staff transportation |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                  |                                                                                                                                                                                                                    |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                                                   |                                                                                                         |                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/3 Rpt: 13/15                                          | <b>2</b> FILER NAME<br>Planned Parenthood Texas Votes PAC                                               | <b>3</b> Filer ID (Ethics Commission Filers)<br>00070105                                                                                                                                                              |
| <b>4</b> Date<br>07/29/2025                                                                       | <b>5</b> Payee name<br>Planned Parenthood Texas Votes                                                   |                                                                                                                                                                                                                       |
| <b>6</b> Amount (\$)<br>\$374.82<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2708 S Lamar Blvd Ste 200A<br><br>Austin, TX 78704     |                                                                                                                                                                                                                       |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Reimburse PAC staff time    |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               |                                                                                                         |                                                                                                                                                                                                                       |
| Date<br>08/08/2025                                                                                | Candidate/Officeholder name<br>Office sought<br>Office held                                             |                                                                                                                                                                                                                       |
| Payee name<br>Southwest Airlines                                                                  |                                                                                                         |                                                                                                                                                                                                                       |
| Amount (\$)<br>\$573.96<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO Box 366111<br><br>Dallas, TX 75235                           |                                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                                                            | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District       | <b>(b)</b> Description<br><input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PAC staff travel |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        |                                                                                                         |                                                                                                                                                                                                                       |
| Date<br>08/17/2025                                                                                | Candidate/Officeholder name<br>Office sought<br>Office held                                             |                                                                                                                                                                                                                       |
| Payee name<br>Superdawg Drive-In                                                                  |                                                                                                         |                                                                                                                                                                                                                       |
| Amount (\$)<br>\$21.63<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>6363 N Milwaukee Ave<br><br>Chicago, IL 60646                   |                                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                                                            | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PAC staff meal              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        |                                                                                                         |                                                                                                                                                                                                                       |

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### 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

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

The Instruction Guide explains how to complete this form.

|                                                          |                                                           |                                                          |
|----------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------|
| <b>1</b> Total pages Schedule F2:<br>Sch: 1/1 Rpt: 14/15 | <b>2</b> FILER NAME<br>Planned Parenthood Texas Votes PAC | <b>3</b> Filer ID (Ethics Commission Filers)<br>00070105 |
|----------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------|

|                                                          |    |
|----------------------------------------------------------|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|----------------------------------------------------------|----|

|                             |                                                       |
|-----------------------------|-------------------------------------------------------|
| <b>5</b> Date<br>08/25/2025 | <b>6</b> Payee name<br>Planned Parenthood Texas Votes |
|-----------------------------|-------------------------------------------------------|

|                                                                                                     |                                                                                                     |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>7</b> Amount (\$)<br>\$1,819.05<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>8</b> Payee address; City; State; Zip Code<br>2708 S Lamar Blvd Ste 200A<br><br>Austin, TX 78704 |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|

|                              |                                                                                      |
|------------------------------|--------------------------------------------------------------------------------------|
| <b>9</b> TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--------------------------------------------------------------------------------------|

|                                  |                                                                                                          |                                                                                                                                                                                                                    |
|----------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a) Category</b> (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b) Description</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Reimburse PAC staff time |
|----------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                      |                             |               |             |
|----------------------------------------------------------------------|-----------------------------|---------------|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|----------------------------------------------------------------------|-----------------------------|---------------|-------------|

|                    |                                              |
|--------------------|----------------------------------------------|
| Date<br>08/25/2025 | Payee name<br>Planned Parenthood Texas Votes |
|--------------------|----------------------------------------------|

|                                                                                          |                                                                                            |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Amount (\$)<br>\$738.51<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>2708 S Lamar Blvd Ste 200A<br><br>Austin, TX 78704 |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

|                     |                                                                                      |
|---------------------|--------------------------------------------------------------------------------------|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--------------------------------------------------------------------------------------|

|                        |                                                                                                         |                                                                                                                                                                                                                                |
|------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | <b>(a) Category</b> (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement | <b>(b) Description</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Reimburse PAC staff travel and meals |
|------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                            |                             |               |             |
|------------------------------------------------------------|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|------------------------------------------------------------|-----------------------------|---------------|-------------|

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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:  
Sch: 1/1 Rpt: 15/15

2 FILER NAME

Planned Parenthood Texas Votes PAC

3 Filer ID (Ethics Commission Filers)  
00070105

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

Southwest Airlines

5 Contribution / Expenditure reported on:

☐

Schedule A2

☐

Schedule B

☐

Schedule B(J)

☐

Schedule C2

☐

Schedule D

☒

Schedule F1

☐

Schedule F2

☐

Schedule F4

☐

Schedule G

☐

Schedule H

☐

Schedule COH-UC

6 Dates of Travel

08/09/2025

08/19/2025

7 Name of person(s) traveling

Caballero, Darcy

8 Departure city or name of departure location

Austin, TX

9 Destination city or name of destination location

Chicago, IL

10 Means of transportation

Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)

attend Texas Democrats Quorum Break for Redistricting