

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM GPAC
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00053715	2 Total pages filed: 300		
3 COMMITTEE NAME Annie's List		OFFICE USE ONLY <p>Date Received ELECTRONICALLY FILED 01/15/2026</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # <input type="text"/> Amount <input type="text"/></p> <p>Date Processed</p> <p>Date Imaged</p>			
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address PO Box 303277 Austin, TX 78703					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Piper			MI	
	NICKNAME Stege Nelson	LAST	SUFFIX		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 3206 Harris Park Ave. Austin, TX 78705	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 3206 Harris Park Ave. Austin, TX 78705	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (202) 812-0554	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 07/01/2025	Month Day Year THROUGH	Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other	

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**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Annie's List		13 FILER ID (Ethics Commission Filers) 00053715
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 163,113.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 255,056.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 155,179.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT		
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p style="text-align: right;">_____ Piper Stege Nelson _____ Signature of Campaign Treasurer</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.		
_____ Signature of officer administering oath	_____ Printed name of officer administering oath	_____ Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 300

17 COMMITTEE NAME Annie's List	18 FILER ID (Ethics Commission Filers) 00053715
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 163,113.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
9. <input type="checkbox"/> SCHEDULE E: LOANS \$	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 196,351.85	
11. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 53,354.00	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
13. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 5,350.38	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
15. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ 1,123.62	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/244 Rpt: 4/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdur-Rahman, Lillian	7 Amount of Contribution (\$) \$8.00
	6 Contributor address; City; State; Zip Code Montgomery, AL 36116	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Lee	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Bay City, TX 77414	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aden, Marilyn	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aden, Marilyn	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aden, Marilyn	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/244 Rpt: 5/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aden, Marilyn	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code New Braunfels, TX 78130	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aden, Marilyn	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aden, Marilyn	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aden, Marilyn	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahearne, Maurice	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76123	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/244 Rpt: 6/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alessi, Ernest	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code Sebastian, FL 32976	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/N
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Stacy	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Stacy	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Stacy	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Stacy	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/244 Rpt: 7/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Stacy	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Austin, TX 78703	
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Stacy	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alpert, Steven	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Montgomery, TX 77316	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Sheila	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Plano, TX 75025	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Angela	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Midwest City, OK 73130	
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) Southeastern Oklahoma State University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/244 Rpt: 8/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Charles San Marcos, TX 78667	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Judy Midlothian, TX 76065	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Kenneth Santa Barbara, CA 93108	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Kim Mitchellville, IA 50169	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Victor Albany, NY 12208	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Breathworker Self		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/244 Rpt: 9/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrychuk, Cathie	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Port Aransas, TX 78373	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angel, Janyce	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code San Antonio, TX 78240	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, David	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Morgan City, LA 70380	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Archer, Mary	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Florence, MT 59833	
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self-Employed
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aron, Daniel	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) No Soap Productions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/244 Rpt: 10/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arriola, Jerri	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code Red Oak, TX 75154	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashworth, Susan	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashworth, Susan	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashworth, Susan	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashworth, Susan	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/244 Rpt: 11/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashworth, Susan	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Austin, TX 78746	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashworth, Susan	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashworth, Susan	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Astmann, Andrew	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75204	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Axelrod, Jeffrey	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Lincoln, MA 01773	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/244 Rpt: 12/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baer, Joan	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Reston, VA 20191	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, John	Amount of Contribution (\$) \$11.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Non Profit Professional		Employer (See Instructions) NRDC
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, John	Amount of Contribution (\$) \$11.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Non Profit Professional		Employer (See Instructions) NRDC
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, John	Amount of Contribution (\$) \$11.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Non Profit Professional		Employer (See Instructions) NRDC
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, John	Amount of Contribution (\$) \$11.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Non Profit Professional		Employer (See Instructions) NRDC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/244 Rpt: 13/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, John	7 Amount of Contribution (\$) \$11.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78209	
8 Principal occupation / Job title (See Instructions) Non Profit Professional		9 Employer (See Instructions) NRDC
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, John	Amount of Contribution (\$) \$11.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Non Profit Professional		Employer (See Instructions) NRDC
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banister, Simin	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77019	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banister, Simin	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77019	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banister, Simin	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77019	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/244 Rpt: 14/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banister, Simin	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Houston, TX 77019	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banister, Simin	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77019	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banister, Simin	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77019	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banister, Simin	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77019	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baretinicich, David	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Bertram, TX 78605	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/244 Rpt: 15/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barfield, Jimmy	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Texarkana, AR 71854	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barlow, Maria	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Plainfield, CT 06374	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barna, Joel	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Albuquerque, NM 87104	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Robert	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Oklahoma City, OK 73142	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnett, Barney	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Dallas, TX 75244	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/244 Rpt: 16/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Kreshaune	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Indianapolis, IN 46235	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Mary Ellen	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Bonita Springs, FL 34135	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Kenn	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Lakewood, CA 90712	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Rtx Raytheon
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Nancy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Arlington, TX 76006	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Arlington Isd
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Nancy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Arlington, TX 76006	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Arlington Isd

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/244 Rpt: 17/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Nancy	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Arlington, TX 76006	
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Arlington Isd
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Nancy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Arlington, TX 76006	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Arlington Isd
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Nancy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Arlington, TX 76006	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Arlington Isd
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Nancy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Arlington, TX 76006	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Arlington Isd
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Becky	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office Of Becky Beaver

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/244 Rpt: 18/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Becky	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Law Office Of Becky Beaver
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Becky	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office Of Becky Beaver
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Becky	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office Of Becky Beaver
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Becky	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office Of Becky Beaver
Date 07/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Becky	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office Of Becky Beaver

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/244 Rpt: 19/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Becky	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Law Office of Becky Beaver
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beebe, Lisa	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Canyon Lake, TX 78133	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Dottie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Arlington, TX 76013	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell-White, Brenda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Milwaukee, WI 53209	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell-White, Brenda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Milwaukee, WI 53209	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/244 Rpt: 20/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell-White, Brenda	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Milwaukee, WI 53209	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Melissa	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heb Wellness
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Melissa	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heb Wellness
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Melissa	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heb Wellness
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Melissa	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heb Wellness

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/244 Rpt: 21/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Melissa	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78209	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Heb Wellness
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Melissa	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heb Wellness
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Gloria	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Arlington, TX 76012	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Transsolutions
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bendixen, Dawn	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Tucson, AZ 85749	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergamini, Michael	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76132	
Principal occupation / Job title (See Instructions) Pharmaceutical Executive		Employer (See Instructions) Berdolpharmadev LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/244 Rpt: 22/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernotti, Adrian	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Cathedral City, CA 92234	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bird, Edward	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Hebron, KY 41048	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Robert	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Robert	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Robert	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/244 Rpt: 23/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Robert	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Austin, TX 78757	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Robert	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Robert	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boehlke, Thomas	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Bronxville, NY 10708	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Kathy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Porter, TX 77366	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/244 Rpt: 24/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Kathy	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Porter, TX 77366	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolling, Carroll	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Antonio, TX 78212	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Born, Glenda	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78754	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosak, Thomas	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Honey Brook, PA 19344	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosak, Thomas	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Honey Brook, PA 19344	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/244 Rpt: 25/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosak, Thomas 6 Contributor address; City; State; Zip Code Honey Brook, PA 19344	7 Amount of Contribution (\$) \$5.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosak, Thomas Contributor address; City; State; Zip Code Honey Brook, PA 19344	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Sally Contributor address; City; State; Zip Code New York, NY 10003	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowers, Donita Contributor address; City; State; Zip Code Cleburne, TX 76033	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyce, Brady Contributor address; City; State; Zip Code Lansing, MI 48906	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/244 Rpt: 26/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyce, Brady 6 Contributor address; City; State; Zip Code Lansing, MI 48906	7 Amount of Contribution (\$) \$5.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Paul Contributor address; City; State; Zip Code San Francisco, CA 94114	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Web Developer	Employer (See Instructions) Zonda
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bragg, Bonnie Contributor address; City; State; Zip Code Pacific Grove, CA 93950	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braunagel-Brown, Mary A. Contributor address; City; State; Zip Code Austin, TX 78736	Amount of Contribution (\$) \$200.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) N/A
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braunagel-Brown, Mary A. Contributor address; City; State; Zip Code Austin, TX 78736	Amount of Contribution (\$) \$200.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/244 Rpt: 27/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braunagel-Brown, Mary A.	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Austin, TX 78736	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braunagel-Brown, Mary A.	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78736	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braunagel-Brown, Mary A.	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78736	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braunagel-Brown, Mary A.	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78736	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brayer, Regina	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/244 Rpt: 28/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Angela 6 Contributor address; City; State; Zip Code Denton, TX 76207	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) Professor	9 Employer (See Instructions) University Of North Texas
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Angela Contributor address; City; State; Zip Code Denton, TX 76207	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Professor	Employer (See Instructions) University Of North Texas
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Angela Contributor address; City; State; Zip Code Denton, TX 76207	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Professor	Employer (See Instructions) University Of North Texas
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Angela Contributor address; City; State; Zip Code Denton, TX 76207	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Professor	Employer (See Instructions) University Of North Texas
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Angela Contributor address; City; State; Zip Code Denton, TX 76207	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Professor	Employer (See Instructions) University Of North Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/244 Rpt: 29/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Angela 6 Contributor address; City; State; Zip Code Denton, TX 76207	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of North Texas
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Louise Contributor address; City; State; Zip Code Austin, TX 78727	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bright, Spring Contributor address; City; State; Zip Code Cottonwood, AZ 86326	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brink, Phil Contributor address; City; State; Zip Code Glens Falls, NY 12801	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briones, Lesley Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Harris County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/244 Rpt: 30/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, Patricia	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Garland, TX 75041	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self-Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brodsky, Neal	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Wilton, CT 06897	
Principal occupation / Job title (See Instructions) Family Therapist		Employer (See Instructions) Self-Employed
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brogden, William	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Royce	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78702	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Royce	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78702	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/244 Rpt: 31/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Royce 6 Contributor address; City; State; Zip Code Austin, TX 78702	7 Amount of Contribution (\$) \$100.00
	8 Principal occupation / Job title (See Instructions) Consultant	9 Employer (See Instructions) Self
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Royce Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Consultant	Employer (See Instructions) Self
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Royce Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Consultant	Employer (See Instructions) Self
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Barret Contributor address; City; State; Zip Code Cambridge, MA 02138	Amount of Contribution (\$) \$17.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Fay Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/244 Rpt: 32/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Ross 6 Contributor address; City; State; Zip Code Plantation, FL 33323	7 Amount of Contribution (\$) \$50.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownell, Deborah Contributor address; City; State; Zip Code Weymouth, MA 02189	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buck, Carolyn Contributor address; City; State; Zip Code Cambridge, MA 02141	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Production Artists	Employer (See Instructions) Houghton Mifflin Harcourt
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bull, Cristi Contributor address; City; State; Zip Code Amarillo, TX 79108	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullock, Lisa Contributor address; City; State; Zip Code Acton, MA 01720	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/244 Rpt: 33/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Karen	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Burgess Law PC
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkart, Martha	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Sherman, TX 75092	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bussiere, Lauren	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Archaeologist		Employer (See Instructions) University Of Texas
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Lois	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Wilmington, NC 28405	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Lois	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Wilmington, NC 28405	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/244 Rpt: 34/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bye, Donna	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Ypsilanti, MI 48198	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Elizabeth	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Big Spring, TX 79721	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Elizabeth	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Big Spring, TX 79721	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Elizabeth	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Big Spring, TX 79721	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Elizabeth	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Big Spring, TX 79721	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/244 Rpt: 35/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Elizabeth	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code Big Spring, TX 79721	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carey, Patricia	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Charter Twp Of Clinton, MI 48038	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carnahan, Peggy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Helotes, TX 78023	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carte, Mary	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Whitesboro, TX 76273	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Margaret	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Denton, TX 76205	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/244 Rpt: 36/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casteel, Jessica	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77035	
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University Of Houston
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catena, Nancy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cessna, Beth	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Asheville, NC 28804	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Mars Hill University
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chadick, Kathleen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Hempstead, TX 77445	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chalnick, Leonard	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Asheville, NC 28805	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/244 Rpt: 37/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chanter, Mark	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Grapevine, TX 76051	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Debra	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Elgin, TX 78621	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chauhan, Pradyumna	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Glenside, PA 19038	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaussee, John	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Dallas, TX 75235	
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) Southwest Airlines
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaussee, John	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Dallas, TX 75235	
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) Southwest Airlines

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/244 Rpt: 38/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaussee, John 6 Contributor address; City; State; Zip Code Dallas, TX 75235	7 Amount of Contribution (\$) \$5.00
	8 Principal occupation / Job title (See Instructions) Senior Director	9 Employer (See Instructions) Southwest Airlines
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaussee, John Contributor address; City; State; Zip Code Dallas, TX 75235	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Senior Director	Employer (See Instructions) Southwest Airlines
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaussee, John Contributor address; City; State; Zip Code Dallas, TX 75235	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Senior Director	Employer (See Instructions) Southwest Airlines
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaussee, John Contributor address; City; State; Zip Code Dallas, TX 75235	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Senior Director	Employer (See Instructions) Southwest Airlines
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaussee, John Contributor address; City; State; Zip Code Dallas, TX 75235	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Senior Director	Employer (See Instructions) Southwest Airlines

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/244 Rpt: 39/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, Katherine	7 Amount of Contribution (\$) \$9.00
	6 Contributor address; City; State; Zip Code Walnut Creek, CA 94596	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevalier, Joi	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Chisos Star LLC
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevalier, Joi	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Chisos Star LLC
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevalier, Joi	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Chisos Star LLC
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevalier, Joi	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Chisos Star LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/244 Rpt: 40/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevalier, Joi	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78757	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Chisos Star LLC
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevalier, Joi	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Chisos Star LLC
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiarito, Bebe	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Portland, OR 97231	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiarito, Bebe	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Portland, OR 97231	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiarito, Bebe	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Portland, OR 97231	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/244 Rpt: 41/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiarito, Bebe	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Portland, OR 97231	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiarito, Bebe	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Portland, OR 97231	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiarito, Bebe	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Portland, OR 97231	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiles, Gaile	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Ann	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76109	
Principal occupation / Job title (See Instructions) Certified Academic Language Therapist		Employer (See Instructions) Key School

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/244 Rpt: 42/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Ann 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Certified Academic Language Therapist		9 Employer (See Instructions) Key School
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Ann Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Certified Academic Language Therapist		Employer (See Instructions) Key School
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Ann Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Certified Academic Language Therapist		Employer (See Instructions) Key School
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Ann Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Certified Academic Language Therapist		Employer (See Instructions) Key School
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Ann Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Certified Academic Language Therapist		Employer (See Instructions) Key School

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/244 Rpt: 43/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Melinda	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77227	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Melinda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77227	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Melinda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77227	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Melinda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77227	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Melinda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77227	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/244 Rpt: 44/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Melinda	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77227	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Classy, Carmen	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Antonio, TX 78214	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claytor, Patricia	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code St. Louis, MO 63131	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifton, JO	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifton, JO	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/244 Rpt: 45/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/30/2025	5 Full name of contributor Clifton, JO Austin, TX 78704	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/31/2025	Full name of contributor Clifton, JO Austin, TX 78704	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/30/2025	Full name of contributor Clifton, JO Austin, TX 78704	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/31/2025	Full name of contributor Clifton, JO Austin, TX 78704	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/20/2025	Full name of contributor Cloninger, Peggy Sugar Land, TX 77478	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/244 Rpt: 46/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cloninger, Peggy	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Sugar Land, TX 77478	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, William	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76133	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffman, David	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Cle Elum, WA 98922	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Teresa	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Lake Mary, FL 32746	
Principal occupation / Job title (See Instructions) Rn		Employer (See Instructions) CFRH
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Teresa	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Lake Mary, FL 32746	
Principal occupation / Job title (See Instructions) Rn		Employer (See Instructions) CFRH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/244 Rpt: 47/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Teresa	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Lake Mary, FL 32746	
8 Principal occupation / Job title (See Instructions) Rn		9 Employer (See Instructions) CFRH
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Teresa	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Lake Mary, FL 32746	
Principal occupation / Job title (See Instructions) Rn		Employer (See Instructions) CFRH
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Teresa	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Lake Mary, FL 32746	
Principal occupation / Job title (See Instructions) Rn		Employer (See Instructions) CFRH
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collie, Jim	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Albuquerque, NM 87110	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Cynthia	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Seabrook, TX 77586	
Principal occupation / Job title (See Instructions) Graphic Artist		Employer (See Instructions) Leidos

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/244 Rpt: 48/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connery, Bruce	7 Amount of Contribution (\$) \$4.00
	6 Contributor address; City; State; Zip Code Victor, ID 83455	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Converse, Barbara	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Evergreen, CO 80439	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornwell, Dania	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Boyd, TX 76023	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowling, David	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75230	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Creed, Pamela	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Lewisville, TX 75067	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/244 Rpt: 49/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crum, Curtis	7 Amount of Contribution (\$) \$36.00
	6 Contributor address; City; State; Zip Code Phoenix, AZ 85004	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuevas, Maria	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Yakima, WA 98902	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullum, Laurie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Boulder, CO 80303	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Regina	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Richmond, TX 77469	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78217	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/244 Rpt: 50/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78217	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions) Self-Employed
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78217	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Self-Employed
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78217	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Self-Employed
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78217	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/244 Rpt: 51/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Karen	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78633	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Larry	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Addison, TX 75001	
Principal occupation / Job title (See Instructions) Property Underwriter		Employer (See Instructions) Beazley Group
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Larry	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Addison, TX 75001	
Principal occupation / Job title (See Instructions) Property Underwriter		Employer (See Instructions) Beazley Group
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Larry	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Addison, TX 75001	
Principal occupation / Job title (See Instructions) Property Underwriter		Employer (See Instructions) Beazley Group
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Larry	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Addison, TX 75001	
Principal occupation / Job title (See Instructions) Property Underwriter		Employer (See Instructions) Beazley Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/244 Rpt: 52/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Larry	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Addison, TX 75001	
8 Principal occupation / Job title (See Instructions) Property Underwriter		9 Employer (See Instructions) Beazley Group
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davila, Mary	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78239	
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Retired
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Kichecko	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Irving, TX 75039	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daye, Katherine	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Atlantic Beach, FL 32233	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deane-Miller, Susan	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code New Paltz, NY 12561	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/244 Rpt: 53/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decoux, Beverlee 6 Contributor address; City; State; Zip Code Alamo, TX 78516	7 Amount of Contribution (\$) \$40.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decoux, Beverlee Contributor address; City; State; Zip Code Alamo, TX 78516	Amount of Contribution (\$) \$40.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decoux, Beverlee Contributor address; City; State; Zip Code Alamo, TX 78516	Amount of Contribution (\$) \$40.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decoux, Beverlee Contributor address; City; State; Zip Code Alamo, TX 78516	Amount of Contribution (\$) \$40.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decoux, Beverlee Contributor address; City; State; Zip Code Alamo, TX 78516	Amount of Contribution (\$) \$40.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/244 Rpt: 54/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decoux, Beverlee	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Alamo, TX 78516	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dell, Marci	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dell, Marci	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dell, Marci	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dell, Marci	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/244 Rpt: 55/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dell, Marci 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$20.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dell, Marci Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dell, Marci Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desalvo, Gloria Contributor address; City; State; Zip Code Barnegat, NJ 08005	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Rn	Employer (See Instructions) Barnabas Managent Services
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devries, Anne Contributor address; City; State; Zip Code Cortland, NE 68331	Amount of Contribution (\$) \$7.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/244 Rpt: 56/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devries, Anne	7 Amount of Contribution (\$) \$7.00
	6 Contributor address; City; State; Zip Code Cortland, NE 68331	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devries, Anne	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Cortland, NE 68331	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deyoung, Harry	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Maryville, TN 37803	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz, Christine	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Boerne, TX 78006	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dibrell, Lauri	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Texas City, TX 77591	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Anico

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/244 Rpt: 57/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dibrell, Lauri	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Texas City, TX 77591	
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) Anico
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dibrell, Lauri	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Texas City, TX 77591	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Anico
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dibrell, Lauri	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Texas City, TX 77591	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Anico
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dibrell, Lauri	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Texas City, TX 77591	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Anico
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dibrell, Lauri	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Texas City, TX 77591	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Anico

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/244 Rpt: 58/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dibrell, Lauri	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Texas City, TX 77591	
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) Anico
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobrovolny, Jackie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Aurora, CO 80014	
Principal occupation / Job title (See Instructions) Instructional Designer		Employer (See Instructions) Self-Employed
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doddridge, Karen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Winter Springs, FL 32708	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorris, Ann	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code Huntsville, TX 77320	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dougherty, James	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Loudon, TN 37774	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/244 Rpt: 59/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dowhan, Jerilyn	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Houston, TX 77098	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, John	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Worcester, MA 01605	
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Bank Of America
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dragoon, Ken	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Portland, OR 97211	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreblow, Linda	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Angels Camp, CA 95222	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Jaquelin	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/244 Rpt: 60/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Jaquelin	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) UT Austin
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Jaquelin	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78759	\$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT Austin
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Jaquelin	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78759	\$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT Austin
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Jaquelin	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78759	\$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT Austin
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Jaquelin	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78759	\$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/244 Rpt: 61/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Debron 6 Contributor address; City; State; Zip Code Longview, TX 75603	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) Real Estate	9 Employer (See Instructions) Level 3 Communicatons LLC
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan-Hall, Tyra Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, YO Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E Goebel, Rise Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) East, Cara Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/244 Rpt: 62/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easter, Sally	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Wilmington, NC 28409	
8 Principal occupation / Job title (See Instructions) Contract Attorney		9 Employer (See Instructions) Self-Employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Smart, Patricia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Abilene, TX 79605	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Smart, Patricia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Abilene, TX 79605	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Smart, Patricia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Abilene, TX 79605	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Smart, Patricia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Abilene, TX 79605	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/244 Rpt: 63/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Smart, Patricia	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Abilene, TX 79605	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Smart, Patricia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Abilene, TX 79605	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Smart, Patricia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Abilene, TX 79605	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Jane	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Francisco, CA 94131	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engel, Paul	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Houston, TX 77005	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/244 Rpt: 64/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ensign, Douglas	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Brooklyn, NY 11238	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erekson, Jane	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Acton, MA 01720	
Principal occupation / Job title (See Instructions) Helper		Employer (See Instructions) Lahey Medical Center
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Quincy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions) Fete Accompli
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Quincy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions) Fete Accompli
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Quincy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions) Fete Accompli

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/244 Rpt: 65/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Quincy 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) Chef	9 Employer (See Instructions) Fete Accompli
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Quincy Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Chef	Employer (See Instructions) Fete Accompli
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Quincy Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Chef	Employer (See Instructions) Fete Accompli
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Quincy Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Chef	Employer (See Instructions) Fete accompoli
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Analysse Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) White house liaison	Employer (See Instructions) Department of housing and urban development

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/244 Rpt: 66/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Analysse 6 Contributor address; City; State; Zip Code Washington, DC 20002	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) White house liaison	9 Employer (See Instructions) Department of housing and urban development
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Analysse Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) White house liaison	Employer (See Instructions) Department of housing and urban development
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Analysse Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) White house liaison	Employer (See Instructions) Department of housing and urban development
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Analysse Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) White house liaison	Employer (See Instructions) Department of housing and urban development
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Analysse Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) White house liaison	Employer (See Instructions) Department of housing and urban development

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/244 Rpt: 67/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estabrook, Helen	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Houston, TX 77019	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Greg	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Philadelphia, PA 19120	
Principal occupation / Job title (See Instructions) Systems Programmer Supervisor		Employer (See Instructions) City Of Philadelphia
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Jonathan	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Los Angeles, CA 90016	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Buildings + Food Inc.
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everett, Betty	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Arlington, TX 76012	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairweather, Kim	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code La Verne, CA 91750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/244 Rpt: 68/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fant, Brenda	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Houston, TX 77063	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farar, Jeff	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78248	
Principal occupation / Job title (See Instructions) Facilities Manager		Employer (See Instructions) USAA
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Gail	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Marcos, TX 78666	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Ann	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Flat Rock, NC 28731	
Principal occupation / Job title (See Instructions) Interior Drsigner		Employer (See Instructions) Self-Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, William	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Cheraw, SC 29520	
Principal occupation / Job title (See Instructions) It		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/244 Rpt: 69/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferris, Linda 6 Contributor address; City; State; Zip Code Dublin, CA 94568	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferry, Chris Contributor address; City; State; Zip Code Aliquippa, PA 15001	Amount of Contribution (\$) \$3.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fikes, Amy Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$50,000.00
	Principal occupation / Job title (See Instructions) President	Employer (See Instructions) Leland Fikes Foundation
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Filbert, Susan Contributor address; City; State; Zip Code Baltimore, MD 21212	Amount of Contribution (\$) \$103.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Findlay, Laurie Contributor address; City; State; Zip Code Decatur, GA 30030	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Massage Therapist	Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/244 Rpt: 70/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish, Karen 6 Contributor address; City; State; Zip Code Sylmar, CA 91342	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish, Karen Contributor address; City; State; Zip Code Sylmar, CA 91342	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiske, Phineas Contributor address; City; State; Zip Code Barnstable, MA 02630	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitterer, Linda Contributor address; City; State; Zip Code Pittsburgh, PA 15237	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzpatrick, Melanie Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/244 Rpt: 71/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Mary 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$100.00
	8 Principal occupation / Job title (See Instructions) Organizational Development Consultant	9 Employer (See Instructions) Strategy & Leadership, LLC
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Mary Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Organizational Development Consultant	Employer (See Instructions) Strategy & Leadership, LLC
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Mary Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Organizational Development Consultant	Employer (See Instructions) Strategy & Leadership, LLC
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Mary Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Organizational Development Consultant	Employer (See Instructions) Strategy & Leadership, LLC
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Mary Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Organizational Development Consultant	Employer (See Instructions) Strategy & Leadership, LLC

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/244 Rpt: 72/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Mary	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78209	
8 Principal occupation / Job title (See Instructions) Organizational Development Consultant		9 Employer (See Instructions) Strategy & Leadership, LLC
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flasphaler, Darryl	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code Dupont, WA 98327	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleming, Nancy Lane	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Houston, VA 77055	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, Tommie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Whitesboro, TX 76273	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Patricia	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Sunset Valley, TX 78745	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/244 Rpt: 73/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Patricia 6 Contributor address; City; State; Zip Code Sunset Valley, TX 78745	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Patricia Contributor address; City; State; Zip Code Sunset Valley, TX 78745	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Patricia Contributor address; City; State; Zip Code Sunset Valley, TX 78745	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Patricia Contributor address; City; State; Zip Code Sunset Valley, TX 78745	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Patricia Contributor address; City; State; Zip Code Sunset Valley, TX 78745	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/244 Rpt: 74/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forsbach, Dawn	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78238	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fossler, Kerry	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions) Keller Williams
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fossler, Kerry	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions) Keller Williams
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fossler, Kerry	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions) Keller Williams
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fossler, Kerry	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions) Keller Williams

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/244 Rpt: 75/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fossler, Kerry	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Bastrop, TX 78602	
8 Principal occupation / Job title (See Instructions) Real Estate Agent		9 Employer (See Instructions) Keller Williams
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Michael	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Chicago, IL 60637	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) E-Z Tree Recycling
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Michael	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Chicago, IL 60637	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) E-Z Tree Recycling
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Michael	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Chicago, IL 60637	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) E-Z Tree Recycling
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Michael	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Chicago, IL 60637	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) E-Z Tree Recycling

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/244 Rpt: 76/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Michael	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Chicago, IL 60637	
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) E-Z Tree Recycling
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Michael	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Chicago, IL 60637	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) E-Z Tree Recycling
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Michael	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Chicago, IL 60637	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) E-Z Tree Recycling
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowles, Nicole	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Helotes, TX 78023	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) City Of San Antonio
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowles, Nicole	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Helotes, TX 78023	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) City Of San Antonio

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/244 Rpt: 77/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowles, Nicole	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Helotes, TX 78023	
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) City Of San Antonio
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowles, Nicole	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Helotes, TX 78023	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) City Of San Antonio
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowles, Nicole	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Helotes, TX 78023	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) City Of San Antonio
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowles, Nicole	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Helotes, TX 78023	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) City Of San Antonio
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowles, Nicole	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Helotes, TX 78023	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) City of San Antonio

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/244 Rpt: 78/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Kenneth	7 Amount of Contribution (\$) \$2.00
	6 Contributor address; City; State; Zip Code Raritan, NJ 08869	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Ivor	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Exeter, NH 03833	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freer, Jill	Amount of Contribution (\$) \$23.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freer, Jill	Amount of Contribution (\$) \$23.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freer, Jill	Amount of Contribution (\$) \$23.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/244 Rpt: 79/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freer, Jill 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107	7 Amount of Contribution (\$) \$23.00
	8 Principal occupation / Job title (See Instructions) Retired	9 Employer (See Instructions) Retired
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freer, Jill Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$23.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freer, Jill Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$23.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedberg, Zoe Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Nancy Elizabeth Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Edna	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Lakeway, TX 78734	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, Joan	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Metuchen, NJ 08840	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furca, Susan	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Holladay, UT 84121	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Alexandra	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Alexandra	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/244 Rpt: 81/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Alexandra	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Alexandra	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Alexandra	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Alexandra	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallagher, Rose	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Ft Liberty, NC 28307	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/244 Rpt: 82/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallegos, Margaret	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Santa Monica, CA 90403	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galo, Alma	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78230	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garber, Martha	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Coppell, TX 75019	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garber, Martha	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Coppell, TX 75019	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garber, Martha	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Coppell, TX 75019	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/244 Rpt: 83/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garber, Martha	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Coppell, TX 75019	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garber, Martha	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Coppell, TX 75019	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garber, Martha	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Coppell, TX 75019	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Amelia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Antonio, TX 78253	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Danna	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Amarillo, TX 79110	
Principal occupation / Job title (See Instructions) Donor Services		Employer (See Instructions) Cal Farley'S

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/244 Rpt: 84/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Danna 6 Contributor address; City; State; Zip Code Amarillo, TX 79110	7 Amount of Contribution (\$) \$3.00
	8 Principal occupation / Job title (See Instructions) Donor Services	9 Employer (See Instructions) Cal Farley'S
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Danna Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$3.00
	Principal occupation / Job title (See Instructions) Donor Services	Employer (See Instructions) Cal Farley'S
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Danna Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$3.00
	Principal occupation / Job title (See Instructions) Donor Services	Employer (See Instructions) Cal Farley'S
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Danna Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$3.00
	Principal occupation / Job title (See Instructions) Donor Services	Employer (See Instructions) Cal Farley'S
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Danna Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$3.00
	Principal occupation / Job title (See Instructions) Donor Services	Employer (See Instructions) Cal Farley'S

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/244 Rpt: 85/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Lori	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code San Juan, TX 78589	
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) PSJAISD
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garzelloni, Michelle	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Norton Shores, MI 49441	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gately, Laura	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Allen, TX 75013	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Laura Gately
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaynor, Yvette	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77024	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaynor, Yvette	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77024	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/244 Rpt: 86/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaynor, Yvette	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Houston, TX 77024	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaynor, Yvette	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77024	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaynor, Yvette	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77024	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaynor, Yvette	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77024	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geballe, Leslie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Seattle, WA 98103	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/244 Rpt: 87/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gedatus, Gustav	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Lake Elmo, MN 55042	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentile, Mary	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Newburyport, MA 01950	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Mary Gentile
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Getsla, Robert	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Jose, CA 95118	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Al	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78763	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Al	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78763	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/244 Rpt: 88/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Al 6 Contributor address; City; State; Zip Code Austin, TX 78763	7 Amount of Contribution (\$) \$50.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) Not Employed
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Al Contributor address; City; State; Zip Code Austin, TX 78763	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Al Contributor address; City; State; Zip Code Austin, TX 78763	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Al Contributor address; City; State; Zip Code Austin, TX 78763	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Mandeep Contributor address; City; State; Zip Code Hayward, CA 94544	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) Astronomy Research Postdoc	Employer (See Instructions) SLAC

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/244 Rpt: 89/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillespie, Carrie	7 Amount of Contribution (\$) \$10,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77079	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Nancy	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78722	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Vince	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Helen	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Silver Spring, MD 20902	
Principal occupation / Job title (See Instructions) School Principal		Employer (See Instructions) Silver Spring Jewish Center
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg Md, Rochelle	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Bryn Mawr, PA 19010	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/244 Rpt: 90/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldgar, Jere	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77025	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Kathryn	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78722	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Jerry	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Somerset, NJ 08873	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Marguerite	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code Tesuque, NM 87574	
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gore, Gail	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Hurst, TX 76053	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/244 Rpt: 91/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gore, Gail	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Hurst, TX 76053	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gore, Gail	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Hurst, TX 76053	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gore, Gail	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Hurst, TX 76053	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gore, Gail	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Hurst, TX 76053	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goren, Edith	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Brooklyn, NY 11217	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/244 Rpt: 92/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorham, Steve	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Klamath Falls, OR 97601	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gotcsik, George	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Lima, NY 14485	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Sandra	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code El Reno, OK 73036	
Principal occupation / Job title (See Instructions) Home Health CEO		Employer (See Instructions) All The Little Things Count
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Janice	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Houston, TX 77024	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Andrea	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
Principal occupation / Job title (See Instructions) fundraising		Employer (See Instructions) Andrea Greer Consulting

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Andrea	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77009	
8 Principal occupation / Job title (See Instructions) fundraising		9 Employer (See Instructions) Andrea Greer Consulting
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Andrea	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
Principal occupation / Job title (See Instructions) fundraising		Employer (See Instructions) Andrea Greer Consulting
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Andrea	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
Principal occupation / Job title (See Instructions) fundraising		Employer (See Instructions) Andrea Greer Consulting
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Andrea	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
Principal occupation / Job title (See Instructions) fundraising		Employer (See Instructions) Andrea Greer Consulting
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Andrea	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
Principal occupation / Job title (See Instructions) fundraising		Employer (See Instructions) Andrea Greer Consulting

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grosso, Kenneth C.	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Montclair, NJ 07042	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guida, Hester	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Harrisburg, PA 17110	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gullickson, Douglas	Amount of Contribution (\$) \$516.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunz, Betty	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Charlotte, NC 28209	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Douglas	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Cedar Rapids, IA 52404	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haber, Lois	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Bryn Mawr, PA 19010	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hackerson, Ross	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Huntington, MA 01050	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Frederick	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Monterey, CA 93940	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haltom, Barry	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamill, Robert	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Underhill, VT 05489	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Linda	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Linda	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Linda	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Linda	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Linda	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Linda	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Linda	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Kendyl	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Greenberg Traurig
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Monica	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Mission Viejo, CA 92691	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harbour, Robert	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Irvine, CA 92602	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Russell 6 Contributor address; City; State; Zip Code Austin, TX 78745	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Russell 6 Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Elisabeth 6 Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Unemployed	Employer (See Instructions) Unemployed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Elisabeth 6 Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Unemployed	Employer (See Instructions) Unemployed
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Elisabeth 6 Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Unemployed	Employer (See Instructions) Unemployed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/244 Rpt: 99/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Elisabeth 6 Contributor address; City; State; Zip Code Houston, TX 77030	7 Amount of Contribution (\$) \$100.00
	8 Principal occupation / Job title (See Instructions) Unemployed	9 Employer (See Instructions) Unemployed
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Elisabeth Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Unemployed	Employer (See Instructions) Unemployed
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Lis Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$10,000.00
	Principal occupation / Job title (See Instructions) Senior Client and Project Manager	Employer (See Instructions) Medley Inc
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Lis Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$10,000.00
	Principal occupation / Job title (See Instructions) Senior Client and Project Manager	Employer (See Instructions) Medley Inc
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Lis Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$209.00
	Principal occupation / Job title (See Instructions) Senior Client and Project Manager	Employer (See Instructions) Medley Inc

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, John	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75225	
8 Principal occupation / Job title (See Instructions) Physician.		9 Employer (See Instructions) Self-Employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Frankie	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Escambia County, FL 32533	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, James	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Lubbock, TX 79416	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Jane	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Dallas, TX 75238	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Lizza	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Tijeras, NM 87059	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Rev. Jody	7 Amount of Contribution (\$) \$21.00
	6 Contributor address; City; State; Zip Code Austin, TX 78748	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Rev. Jody	Amount of Contribution (\$) \$21.00
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Rev. Jody	Amount of Contribution (\$) \$21.00
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Rev. Jody	Amount of Contribution (\$) \$21.00
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Rev. Jody	Amount of Contribution (\$) \$21.00
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Rev. Jody	7 Amount of Contribution (\$) \$21.00
	6 Contributor address; City; State; Zip Code Austin, TX 78748	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Candace	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hathaway, Katharine	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Chicago, IL 60657	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawes, Catherine	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hearey, Patricia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Oaklyn, NJ 08107	
Principal occupation / Job title (See Instructions) Health Educator		Employer (See Instructions) Camden County

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heilbrunn, Gail	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Cedar Hill, TX 75104	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinzelman, Susan	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Clemente, CA 92673	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinzelman, Susan	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Clemente, CA 92673	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinzelman, Susan	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Clemente, CA 92673	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinzelman, Susan	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Clemente, CA 92673	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinzelman, Susan	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code San Clemente, CA 92673	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hellums, Julia	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77019	
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self-Employed
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Mary	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Butler Snow LLP
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Mary	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Butler Snow LLP
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Mary	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State Of Texas

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Laura 6 Contributor address; City; State; Zip Code Austin, TX 78730	7 Amount of Contribution (\$) \$2,500.00
	8 Principal occupation / Job title (See Instructions) Managing Director	9 Employer (See Instructions) Pescador Public Strategies
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Laura Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions) Managing Director	Employer (See Instructions) Pescador Public Strategies
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Laura Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$258.00
	Principal occupation / Job title (See Instructions) consultant	Employer (See Instructions) self
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hertel, Paula Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilton, James Contributor address; City; State; Zip Code McKinleyville, CA 95519	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Warehouse Supervisor	Employer (See Instructions) Kokatat

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/244 Rpt: 106/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Adam	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code Houston, TX 77006	
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Houston System
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Adam	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Houston System
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Adam	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Houston System
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Adam	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Houston System
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Adam	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Houston System

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/244 Rpt: 107/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Adam	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code Houston, TX 77006	
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Houston System
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoenes, William	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code South Padre Island, TX 78597	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Nathalie	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Marina Del Rey, CA 90292	
Principal occupation / Job title (See Instructions) Attorney/Business Consultant		Employer (See Instructions) Nathalie Hoffman & Associates
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holbein, Richard	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75287	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollett, Linda	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Phoenix, AZ 85086	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/244 Rpt: 108/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollingsworrh, Heather	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
8 Principal occupation / Job title (See Instructions) Theatre Director/ President Of Real Estate Corporations		9 Employer (See Instructions) Self-Employed
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Kip	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holzer, Jean	Amount of Contribution (\$) \$18.00
	Contributor address; City; State; Zip Code Galveston, TX 77551	
Principal occupation / Job title (See Instructions) Systems & Data Analyst		Employer (See Instructions) The Boeing Company
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holzer, Jean	Amount of Contribution (\$) \$18.00
	Contributor address; City; State; Zip Code Galveston, TX 77551	
Principal occupation / Job title (See Instructions) Systems & Data Analyst		Employer (See Instructions) The Boeing Company
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holzer, Jean	Amount of Contribution (\$) \$18.00
	Contributor address; City; State; Zip Code Galveston, TX 77551	
Principal occupation / Job title (See Instructions) Systems & Data Analyst		Employer (See Instructions) The Boeing Company

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/244 Rpt: 109/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holzer, Jean	7 Amount of Contribution (\$) \$18.00
	6 Contributor address; City; State; Zip Code Galveston, TX 77551	
8 Principal occupation / Job title (See Instructions) Systems & Data Analyst		9 Employer (See Instructions) The Boeing Company
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holzer, Jean	Amount of Contribution (\$) \$18.00
	Contributor address; City; State; Zip Code Galveston, TX 77551	
Principal occupation / Job title (See Instructions) Systems & Data Analyst		Employer (See Instructions) The Boeing Company
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holzer, Jean	Amount of Contribution (\$) \$18.00
	Contributor address; City; State; Zip Code Galveston, TX 77551	
Principal occupation / Job title (See Instructions) Systems & Data Analyst		Employer (See Instructions) The Boeing Company
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoogwerf, Heidi	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cleveland Heights, OH 44106	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hovey, Krista	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Pasadena, TX 77505	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/244 Rpt: 110/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Barbara	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Escondido, CA 92029	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Elaine	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston, TX 77025	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jackson Walker
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Elaine	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston, TX 77025	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jackson Walker
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Elaine	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston, TX 77025	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jackson Walker
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Elaine	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston, TX 77025	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jackson Walker

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/244 Rpt: 111/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Elaine	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Houston, TX 77025	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Jackson Walker
Date 07/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Elaine	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston, TX 77025	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jackson Walker
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Rachel	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Los Angeles, CA 90025	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Rachel	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Los Angeles, CA 90025	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoy, Marian	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Johnson City , TX 78636	
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Marian Hoy Novels

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/244 Rpt: 112/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hriljac, Donna	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code Woodstock, IL 60098	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hriljac, Donna	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Woodstock, IL 60098	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Daniel	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Edmonds, WA 98110	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huggins, Laurel	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Bronx, NY 10451	
Principal occupation / Job title (See Instructions) Assoc. Registrar		Employer (See Instructions) Hostos Com. College/Cuny
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huth, Theresa	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Collins, CO 80525	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Zillow

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/244 Rpt: 113/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) liams, Julie	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75224	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) liams, Julie	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Dallas, TX 75224	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Intrater, Karen	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Boynton Beach, FL 33436	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishigo, David	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Honolulu, HI 96813	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J Broome, Donna	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code St. Louis, MO 63126	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/244 Rpt: 114/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob, Teresa	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Spring Valley, CA 91977	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobsen, Shari	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Albany, OR 97321	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaenike, Fritz	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Marge	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Farmers Branch, TX 75234	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Deborah	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Hacienda Heights, CA 91745	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/244 Rpt: 115/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jespers, Richard	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Lubbock, TX 79411	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johann, Frances	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Imperial Beach, CA 91932	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Alison	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Louisville, KY 40206	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, James	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Brooklyn, NY 11226	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jane	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Deer Lodge, TN 37726	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/244 Rpt: 116/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Juanita	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Chicago, IL 60617	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Scott	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code South Fallsburg, NY 12779	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Kerrville, TX 78028	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Susan	Amount of Contribution (\$) \$16.00
	Contributor address; City; State; Zip Code Kingwood, TX 77345	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Susan	Amount of Contribution (\$) \$16.00
	Contributor address; City; State; Zip Code Kingwood, TX 77345	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/244 Rpt: 117/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Susan	7 Amount of Contribution (\$) \$16.00
	6 Contributor address; City; State; Zip Code Kingwood, TX 77345	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Victoria	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code La Mesa, CA 91941	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Victoria	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code La Mesa, CA 91941	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Victoria	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code La Mesa, CA 91941	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Victoria	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code La Mesa, CA 91941	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/244 Rpt: 118/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Victoria	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code La Mesa, CA 91941	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Victoria	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code La Mesa, CA 91941	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Victoria	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code La Mesa, CA 91941	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Blalock, Jennifer	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code New York, NY 10001	
Principal occupation / Job title (See Instructions) literary agent		Employer (See Instructions) Liza Dawson Associates
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Blalock, Jennifer	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code New York, NY 10001	
Principal occupation / Job title (See Instructions) literary agent		Employer (See Instructions) Liza Dawson Associates

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/244 Rpt: 119/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Blalock, Jennifer 6 Contributor address; City; State; Zip Code New York, NY 10001	7 Amount of Contribution (\$) \$100.00
	8 Principal occupation / Job title (See Instructions) literary agent	9 Employer (See Instructions) Liza Dawson Associates
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Blalock, Jennifer Contributor address; City; State; Zip Code New York, NY 10001	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) literary agent	Employer (See Instructions) Liza Dawson Associates
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Blalock, Jennifer Contributor address; City; State; Zip Code New York, NY 10001	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) literary agent	Employer (See Instructions) Liza Dawson Associates
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Blalock, Jennifer Contributor address; City; State; Zip Code New York, NY 10001	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) literary agent	Employer (See Instructions) Liza Dawson Associates
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Gary Contributor address; City; State; Zip Code Beverly Hills, MI 48025	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/244 Rpt: 120/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Lynne	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Missouri City, TX 77459	
8 Principal occupation / Job title (See Instructions) Interior Designer		9 Employer (See Instructions) Lynne T Jones Interior Design
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Lynne	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Interior Designer		Employer (See Instructions) Lynne T Jones Interior Design
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Lynne	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Interior Designer		Employer (See Instructions) Lynne T Jones Interior Design
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Lynne	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Interior Designer		Employer (See Instructions) Lynne T Jones Interior Design
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Lynne	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Interior Designer		Employer (See Instructions) Lynne T Jones Interior Design

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/244 Rpt: 121/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Thomas 6 Contributor address; City; State; Zip Code Minneapolis, MN 55403	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurey, Debra Contributor address; City; State; Zip Code Templeton, CA 93465	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalisz, Karen Contributor address; City; State; Zip Code Fort Myers, FL 33919	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamp, Pete Contributor address; City; State; Zip Code Denton, TX 76209	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Self Employed	Employer (See Instructions) Premier Sales Group Inc
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karempudi, Sahiti Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$750.00
	Principal occupation / Job title (See Instructions) Program Coordinator	Employer (See Instructions) City Of Austin

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/244 Rpt: 122/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karempudi, Sahiti 6 Contributor address; City; State; Zip Code Austin, TX 78702	7 Amount of Contribution (\$) \$200.00
	8 Principal occupation / Job title (See Instructions) program coordinator	9 Employer (See Instructions) City of Austin
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karempudi, Sahiti Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$200.00
	Principal occupation / Job title (See Instructions) program coordinator	Employer (See Instructions) City of Austin
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karempudi, Sahiti Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$200.00
	Principal occupation / Job title (See Instructions) program coordinator	Employer (See Instructions) City of Austin
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karempudi, Sahiti Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$200.00
	Principal occupation / Job title (See Instructions) program coordinator	Employer (See Instructions) City of Austin
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karempudi, Sahiti Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$200.00
	Principal occupation / Job title (See Instructions) program coordinator	Employer (See Instructions) City of Austin

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/244 Rpt: 123/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karempudi, Sahiti	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Austin, TX 78702	
8 Principal occupation / Job title (See Instructions) program coordinator		9 Employer (See Instructions) City of Austin
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karny, Lori	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Los Angeles, CA 90048	
Principal occupation / Job title (See Instructions) Clinical Social Worker		Employer (See Instructions) Self-Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karny, Lori	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Los Angeles, CA 90048	
Principal occupation / Job title (See Instructions) Clinical Social Worker		Employer (See Instructions) Self-Employed
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzenstein, Robin	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Davie, FL 33328	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzenstein, Robin	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Davie, FL 33328	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/244 Rpt: 124/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzenstein, Robin	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Davie, FL 33328	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzenstein, Robin	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Davie, FL 33328	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzenstein, Robin	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Davie, FL 33328	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kavanaugh, Cathy	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78728	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kearney, Mary	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Spring, TX 77386	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/244 Rpt: 125/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keeping, Virginia	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Woodland, CA 95696	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kellett, Nancy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code New Haven, CT 06515	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Mary	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Calabash, NC 28467	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kellman, Steven	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code San Diego, CA 92111	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Diana	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Bakersfield, CA 93306	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/244 Rpt: 126/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennison, Kathy	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Arlington, TX 76016	
8 Principal occupation / Job title (See Instructions) Rn		9 Employer (See Instructions) Trinity Park Surgery Center
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenton, John	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78239	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenton, John	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code San Antonio, TX 78239	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenton, John	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code San Antonio, TX 78239	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenton, John	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code San Antonio, TX 78239	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/244 Rpt: 127/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenton, John	7 Amount of Contribution (\$) \$6.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78239	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenton, John	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code San Antonio, TX 78239	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenton, John	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code San Antonio, TX 78239	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenton, John	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Antonio, TX 78239	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenton, John	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code San Antonio, TX 78239	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/244 Rpt: 128/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenton, John	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78239	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerr, Janet	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Diego, CA 92128	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khoslas, Joan	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77018	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) X-ISS
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khoslas, Joan	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77018	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) X-ISS
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khoslas, Joan	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77018	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) X-ISS

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/244 Rpt: 129/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Stephen	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77061	
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Lone Star College
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Stephen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77061	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Lone Star College
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Stephen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77061	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Lone Star College
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Stephen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77061	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Lone Star College
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Stephen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77061	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Lone Star College

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/244 Rpt: 130/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Stephen	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77061	
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Lone Star College
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiser, Jeff	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Phoenix, AZ 85018	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klise, Sonja	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Fulshear, TX 77441	
Principal occupation / Job title (See Instructions) Joint Venture Auditor		Employer (See Instructions) CONOCOPHILLIPS
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klsie, Sonja	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Fulshear, TX 77441	
Principal occupation / Job title (See Instructions) JOINT VENTURE AUDITOR		Employer (See Instructions) CONOCOPHILLIPS
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch, Jonathan	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Piedmont, CA 94610	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/244 Rpt: 131/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korenblit, Michael	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Edmond, OK 73012	
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Respect Diversity Foundation
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korth, Marlene	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code West Palm Beach, FL 33412	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koski, Clifton	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Milwaukie, OR 97222	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Sigma
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kosobud, Terry	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78749	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krangle, Nancy	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Plano, TX 75093	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/244 Rpt: 132/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Ruth 6 Contributor address; City; State; Zip Code Melbourne, FL 32940	7 Amount of Contribution (\$) \$22.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Ruth Contributor address; City; State; Zip Code Melbourne, FL 32940	Amount of Contribution (\$) \$22.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Ruth Contributor address; City; State; Zip Code Melbourne, FL 32940	Amount of Contribution (\$) \$22.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Ruth Contributor address; City; State; Zip Code Melbourne, FL 32940	Amount of Contribution (\$) \$22.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Ruth Contributor address; City; State; Zip Code Melbourne, FL 32940	Amount of Contribution (\$) \$22.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 130/244 Rpt: 133/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Ruth	7 Amount of Contribution (\$) \$22.00
	6 Contributor address; City; State; Zip Code Melbourne, FL 32940	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landrum, Tyler	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Inventory Expert		Employer (See Instructions) RGIS
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law, Linda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law, Linda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law, Linda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/244 Rpt: 134/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law, Linda 6 Contributor address; City; State; Zip Code Austin, TX 78729	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law, Linda Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law, Linda Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law, Linda Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawley, Gail Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 132/244 Rpt: 135/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Ronnie	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Nolanville, TX 76559	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Mai	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Sunnyvale, CA 94087	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Apple
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Mai	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Sunnyvale, CA 94087	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Apple
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Mai	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Sunnyvale, CA 94087	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Apple
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Mai	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Sunnyvale, CA 94087	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Apple

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 133/244 Rpt: 136/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Mai 6 Contributor address; City; State; Zip Code Sunnyvale, CA 94087	7 Amount of Contribution (\$) \$5.00
	8 Principal occupation / Job title (See Instructions) Engineer	9 Employer (See Instructions) Apple
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Mai Contributor address; City; State; Zip Code Sunnyvale, CA 94087	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Engineer	Employer (See Instructions) Apple
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Mai Contributor address; City; State; Zip Code Sunnyvale, CA 94087	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Engineer	Employer (See Instructions) Apple
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Debra Contributor address; City; State; Zip Code Waldorf, MD 20602	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Michael Contributor address; City; State; Zip Code San Jose, CA 95120	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 134/244 Rpt: 137/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leech, Georgia	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Denton, TX 76210	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leff, Debra S	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78756	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leff, Debra S	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78756	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leff, Debra S	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78756	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leff, Debra S	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78756	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leff, Debra S 6 Contributor address; City; State; Zip Code Austin, TX 78756	7 Amount of Contribution (\$) \$20.00
	8 Principal occupation / Job title (See Instructions) Retired	9 Employer (See Instructions) Retired
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leff, Debra S Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leming, Robert Contributor address; City; State; Zip Code Philadelphia, PA 19118	Amount of Contribution (\$) \$19.00
	Principal occupation / Job title (See Instructions) President	Employer (See Instructions) Lighthouse Technology Associates
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lendway, Anita Contributor address; City; State; Zip Code Chicago, IL 60634	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lervisit, Woot Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Self-Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 136/244 Rpt: 139/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lervisit, Woot 6 Contributor address; City; State; Zip Code Dallas, TX 75243	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) Attorney	9 Employer (See Instructions) Self-Employed
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lervisit, Woot Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Self-Employed
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lervisit, Woot Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Self-Employed
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lervisit, Woot Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Self-Employed
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lervisit, Woot Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Self-Employed

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SCHEDULE A1

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lervisit, Woot	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75243	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self-Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesly, Susan	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Yuma, AZ 85364	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) N/A
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesly, Susan	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Yuma, AZ 85364	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) N/A
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesly, Susan	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Yuma, AZ 85364	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) N/A
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesly, Susan	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Yuma, AZ 85364	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) N/A

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesly, Susan	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Yuma, AZ 85364	
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesly, Susan	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Yuma, AZ 85364	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Jim	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Bogata, TX 75417	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, L	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Bogata, TX 75417	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Nancy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Jacksonville, FL 32257	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Self-Employed

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Leila	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78751	
8 Principal occupation / Job title (See Instructions) Mental Health Therapist		9 Employer (See Instructions) Self-Employed
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leviton, Ann	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Fort Collins, CO 80525	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewandowski, Keith	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Batavia, IL 60510	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Northrop Grumman
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Maurice	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Sarasota, FL 34243	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lightfoot, Celia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Houston, TX 77040	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa, Pudlicki	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Temperance, MI 48182	
8 Principal occupation / Job title (See Instructions) Treasurer		9 Employer (See Instructions) Hoover Wells Inc
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Litowitz, Arthur	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code New Smyrna Beach, FL 32170	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littell-Mcwilliams, Kara	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Lacey, WA 98503	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Livingston, Marilyn	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Denison, TX 75020	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) C-21 Dean Gilbert Realtors
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Marsha	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Sun Valley, NV 89433	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 141/244 Rpt: 144/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Lolly	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Austin, TX 78728	
8 Principal occupation / Job title (See Instructions) Ph D Rn		9 Employer (See Instructions) Self-Employed
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loeb, Margery	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Houston, TX 77027	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loeb, Margery Engel	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Houston, TX 77027	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Linda	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Dacula, GA 30019	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longstreth, Paul	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 142/244 Rpt: 145/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Alva	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Robstown, TX 78380	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorraine, James	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Florissant, MO 63033	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Sandra	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77005	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) S&R Resources
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Sandra	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77005	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) S&R Resources
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Sandra	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77005	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) S&R Resources

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 143/244 Rpt: 146/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Sandra 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of Contribution (\$) \$20.00
	8 Principal occupation / Job title (See Instructions) Sales	9 Employer (See Instructions) S&R Resources
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Sandra Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Sales	Employer (See Instructions) S&R Resources
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Sandra Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Sales	Employer (See Instructions) S&R Resources
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowrey, Amy Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowrey, Amy Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowrey, Amy	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78704	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowrey, Amy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowrey, Amy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowrey, Amy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lubard, Paul	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Flushing, NY 11354	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 145/244 Rpt: 148/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucero, Annabelle	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Littleton, CO 80130	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucido, Rita	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucido, Rita	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucido, Rita	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucido, Rita	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 146/244 Rpt: 149/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucido, Rita	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Houston, TX 77098	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lueg, Martha Strong	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Amarillo, TX 79121	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lueg, Martha Strong	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Amarillo, TX 79121	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lueg, Martha Strong	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Amarillo, TX 79121	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lueg, Martha Strong	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Amarillo, TX 79121	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 147/244 Rpt: 150/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lueg, Martha Strong	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79121	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luehring, Joann	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Briarcliff Manor, NY 10510	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luppert, Nan	Amount of Contribution (\$) \$17.00
	Contributor address; City; State; Zip Code Spokane, WA 99203	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luttio, Elizabeth	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Minneapolis, MN 55449	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Pamela	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Teaching Assistant		Employer (See Instructions) Austin Isd

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 148/244 Rpt: 151/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons, Richard	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Hutchinson Island, FL 34949	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madden, Judy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, MS 78216	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madden, Judy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, MS 78216	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madden, Judy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, MS 78216	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madden, Judy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, MS 78216	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 149/244 Rpt: 152/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madden, Judy	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code San Antonio, MS 78216	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madden, Judy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, MS 78216	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manner, Claire B.	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Redding, CA 96003	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Anne	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Harker Heights, TX 76548	
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self-Employed
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Katherine	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Boring, OR 97009	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 150/244 Rpt: 153/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Leigh	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Kaneohe, HI 96744	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Leigh	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Kaneohe, HI 96744	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Louise	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Rockville, MD 20852	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Shari	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Rowlett, TX 75089	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Stephen	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Pinole, CA 94564	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 151/244 Rpt: 154/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Stephen	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Pinole, CA 94564	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Stephen	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Pinole, CA 94564	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Stephen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Pinole, CA 94564	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Stephen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Pinole, CA 94564	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Stephen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Pinole, CA 94564	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 152/244 Rpt: 155/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, William	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Austin, TX 78702	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Robert	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Leakey, TX 78873	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martone, Margaret	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Harold	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Medford, MA 02155	
Principal occupation / Job title (See Instructions) Sr Manager		Employer (See Instructions) Oracle
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Wilson	Amount of Contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 153/244 Rpt: 156/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathewson, Jeanne	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Glens Falls, NY 12801	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matsumoto, Shannon	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75258	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Norman	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78749	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Spencer	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Houston, TX 77084	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Spencer	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Houston, TX 77084	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 154/244 Rpt: 157/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Spencer	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Houston, TX 77084	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Spencer	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Houston, TX 77084	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Spencer	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Houston, TX 77084	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Spencer	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Houston, TX 77084	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Spencer	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Houston, TX 77084	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 155/244 Rpt: 158/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maupin, Margaret	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Kalaheo, HI 96741	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions) Nice Health Care
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donna	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Belmont, MA 02478	
Principal occupation / Job title (See Instructions) Management Consultant		Employer (See Instructions) Pa Consulting Group
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donna	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Belmont, MA 02478	
Principal occupation / Job title (See Instructions) Management Consultant		Employer (See Instructions) Pa Consulting Group
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donna	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Belmont, MA 02478	
Principal occupation / Job title (See Instructions) Management Consultant		Employer (See Instructions) Pa Consulting Group
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donna	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Belmont, MA 02478	
Principal occupation / Job title (See Instructions) Management Consultant		Employer (See Instructions) Pa Consulting Group

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 156/244 Rpt: 159/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donna 6 Contributor address; City; State; Zip Code Belmont, MA 02478	7 Amount of Contribution (\$) \$7.00
	8 Principal occupation / Job title (See Instructions) Management Consultant	9 Employer (See Instructions) Pa Consulting Group
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donna Contributor address; City; State; Zip Code Belmont, MA 02478	Amount of Contribution (\$) \$7.00
	Principal occupation / Job title (See Instructions) Management Consultant	Employer (See Instructions) Pa Consulting Group
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Donna Contributor address; City; State; Zip Code Belmont, MA 02478	Amount of Contribution (\$) \$7.00
	Principal occupation / Job title (See Instructions) Management consultant	Employer (See Instructions) PA Consulting Group
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maytubby, Debra Contributor address; City; State; Zip Code Norman, OK 73072	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Maureen Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not employed	Employer (See Instructions) Not employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 157/244 Rpt: 160/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy	7 Amount of Contribution (\$) \$7.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75248	
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuffey, Barbara Shivers	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77004	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuffey, Barbara Shivers	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77004	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuffey, Barbara Shivers	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77004	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuffey, Barbara Shivers	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77004	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 158/244 Rpt: 161/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuffey, Barbara Shivers	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Houston, TX 77004	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuffey, Barbara Shivers	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77004	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIlheran, Sarah	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78734	
Principal occupation / Job title (See Instructions) physical therapist		Employer (See Instructions) Select physical therapy
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcbride, Rosanne	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Grand Forks, ND 58203	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mccarthy, Helen	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Columbus, OH 43221	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 159/244 Rpt: 162/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcclaren, Laurel	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Aurora, CO 80014	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Maureen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Maureen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Maureen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Maureen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 160/244 Rpt: 163/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Maureen	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Austin, TX 78757	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Maureen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCoy, Karon	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code O Fallon, MO 63368	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDowell, Johnnie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGovern, Donna	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Longwood, FL 32779	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Macy's

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 161/244 Rpt: 164/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcilheran, Sarah 6 Contributor address; City; State; Zip Code Austin, TX 78734	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) Physical Therapist	9 Employer (See Instructions) Select Physical Therapy
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcilheran, Sarah Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Physical Therapist	Employer (See Instructions) Select Physical Therapy
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcilheran, Sarah Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Physical Therapist	Employer (See Instructions) Select Physical Therapy
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcilheran, Sarah Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Physical Therapist	Employer (See Instructions) Select Physical Therapy
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcilheran, Sarah Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Physical Therapist	Employer (See Instructions) Select Physical Therapy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 162/244 Rpt: 165/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcilheran, Sarah	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78734	
8 Principal occupation / Job title (See Instructions) Physical Therapist		9 Employer (See Instructions) Select Physical Therapy
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcilvain, Myra	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcmahan, John	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Ojai, CA 93023	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcmahon, Morris	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcpherson, James	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Harrison, AR 72601	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 163/244 Rpt: 166/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) Assistant GC		9 Employer (See Instructions) TMRS
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Assistant GC		Employer (See Instructions) TMRS
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Assistant GC		Employer (See Instructions) TMRS
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Assistant GC		Employer (See Instructions) TMRS
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Assistant GC		Employer (See Instructions) TMRS

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 164/244 Rpt: 167/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon-Werch, Michelle	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) Assistant GC		9 Employer (See Instructions) TMRS
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mengel, Gary	Amount of Contribution (\$) \$21.00
	Contributor address; City; State; Zip Code Westminster, CO 80031	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mengel, Gary	Amount of Contribution (\$) \$16.00
	Contributor address; City; State; Zip Code Westminster, CO 80031	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mengel, Gary	Amount of Contribution (\$) \$16.00
	Contributor address; City; State; Zip Code Westminster, CO 80031	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzgar, Charles	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Glen Allen, VA 23059	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 165/244 Rpt: 168/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Celene	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Houston, TX 77099	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Donald	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Oak Ridge, TN 37830	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minette, Rose	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Buda, TX 78610	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Barbara	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Oceanside, CA 92056	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, John	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Austin, TX 78756	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 166/244 Rpt: 169/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mittag, Erika	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mix, Darcy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78212	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Antique Dealer
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mix, Darcy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78212	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Antique Dealer
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mix, Darcy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78212	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Antique Dealer
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mix, Darcy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78212	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Antique Dealer

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 167/244 Rpt: 170/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mix, Darcy 6 Contributor address; City; State; Zip Code San Antonio, TX 78212	7 Amount of Contribution (\$) \$100.00
	8 Principal occupation / Job title (See Instructions) Self Employed	9 Employer (See Instructions) Antique Dealer
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mix, Darcy Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Self Employed	Employer (See Instructions) Antique Dealer
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monroe, Linda Contributor address; City; State; Zip Code Pittsburgh, PA 15217	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Jeffrey Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Theresa Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Inspector	Employer (See Instructions) Department Of Transportation

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 168/244 Rpt: 171/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Gloria	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Green Bay, WI 54302	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Alan	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75214	
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self-Employed
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Mark	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Bulverde, TX 78163	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Mark	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Bulverde, TX 78163	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Mark	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Bulverde, TX 78163	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 169/244 Rpt: 172/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Mark	7 Amount of Contribution (\$) \$7.00
	6 Contributor address; City; State; Zip Code Bulverde, TX 78163	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Frances	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75214	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosely, Kathryn	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Spring, TX 77373	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moxom, Ruth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dallas, TX 75206	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moyle, Nancy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Sausalito, CA 94965	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 170/244 Rpt: 173/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mucatel, Marc 6 Contributor address; City; State; Zip Code Portland, OR 97239	7 Amount of Contribution (\$) \$8.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mucatel, Marc Contributor address; City; State; Zip Code Portland, OR 97239	Amount of Contribution (\$) \$8.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mucatel, Marc Contributor address; City; State; Zip Code Portland, OR 97239	Amount of Contribution (\$) \$8.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mucatel, Marc Contributor address; City; State; Zip Code Portland, OR 97239	Amount of Contribution (\$) \$8.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mucatel, Marc Contributor address; City; State; Zip Code Portland, OR 97239	Amount of Contribution (\$) \$8.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 171/244 Rpt: 174/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mudrovich, Ellen	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76116	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murayama, Joanne	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Port Townsend, WA 98368	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Susan	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Baileys Harbor, WI 54202	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Daniel	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Yonkers, NY 10701	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Elizabeth	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Greenville, SC 29607	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 172/244 Rpt: 175/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nairn, Cathy	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78704	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naishat, Elliott	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naishat, Elliott	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Texas House of Representatives
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natarajan, Rufi	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Principal occupation / Job title (See Instructions) Events Director		Employer (See Instructions) Harris County Precinct 4
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauth, Linda	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Luck, WI 54853	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 173/244 Rpt: 176/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neavel, Nancy	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78703	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Carol Adatto	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Principal occupation / Job title (See Instructions) Travel Agent		Employer (See Instructions) Self-Employed
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Deborah	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Oak Brook, IL 60523	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Elizabeth	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Virginia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Las Vegas, NV 89135	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 174/244 Rpt: 177/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newell, Harry	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Maynard, MA 01754	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Linda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Arlington, TX 76016	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newsham, Lawrence	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Millis, MA 02054	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Cheryl	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Arlington, TX 76011	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Cheryl	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Arlington, TX 76011	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 175/244 Rpt: 178/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Cheryl	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Arlington, TX 76011	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Cheryl	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Arlington, TX 76011	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Cheryl	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Arlington, TX 76011	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Cheryl	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Arlington, TX 76011	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, James	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Arlington Heights, IL 60004	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemann, Michael	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Priddy, TX 76870	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nigro, Kirsten	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Shannon	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78735	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Shannon	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78735	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Shannon	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78735	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 177/244 Rpt: 180/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Shannon 6 Contributor address; City; State; Zip Code Austin, TX 78735	7 Amount of Contribution (\$) \$50.00
	8 Principal occupation / Job title (See Instructions) Attorney	9 Employer (See Instructions) Self-Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Shannon Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Self-Employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Shannon Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Self-Employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Shannon Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Self
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Jile, Judith Contributor address; City; State; Zip Code Wildwood, MO 63011	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 178/244 Rpt: 181/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Toole, Elizabeth	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Oceanside, CA 92056	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Bruce	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Berkeley, CA 94703	
Principal occupation / Job title (See Instructions) Scientist/Consultant		Employer (See Instructions) Stillwater Sciences
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) P. Monaco, Stephen	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Sun Lakes, AZ 85248	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Trisha	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Baird, TX 79504	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Trisha	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Baird, TX 79504	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 179/244 Rpt: 182/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Trisha 6 Contributor address; City; State; Zip Code Baird, TX 79504	7 Amount of Contribution (\$) \$4.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pancrovo, George Contributor address; City; State; Zip Code Midlothian, TX 76065	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Panzar, Walter Contributor address; City; State; Zip Code Oakland, CA 94606	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Panzar, Walter Contributor address; City; State; Zip Code Oakland, CA 94606	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Panzar, Walter Contributor address; City; State; Zip Code Oakland, CA 94606	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 180/244 Rpt: 183/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Panzar, Walter	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Oakland, CA 94606	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Panzar, Walter	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Oakland, CA 94606	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Mark	Amount of Contribution (\$) \$18.00
	Contributor address; City; State; Zip Code Houston, TX 77024	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patmos, Margaret	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Hudsonville, MI 49426	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Mary Anna	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Real estate broker		Employer (See Instructions) Wilson & Goldrick Realtors

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 181/244 Rpt: 184/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peairs, Linda Davis	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Chandler, AZ 85248	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Bob	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Columbus, IN 47203	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedigo, Kay	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Queen Creek, AZ 85142	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedigo, Kay	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Queen Creek, AZ 85142	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peelle, Evelyn	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Houston, TX 77077	
Principal occupation / Job title (See Instructions) N/A -Homemaker		Employer (See Instructions) N/A- Homemaker

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 182/244 Rpt: 185/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perlmutter, Deborah	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Toledo, OH 43617	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrenod, William	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code New Orleans, LA 70117	
Principal occupation / Job title (See Instructions) Nonprofit Business Consultant		Employer (See Instructions) Self-Employed
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrenod, William	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code New Orleans, LA 70117	
Principal occupation / Job title (See Instructions) Nonprofit Business Consultant		Employer (See Instructions) Self-Employed
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrenod, William	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code New Orleans, LA 70117	
Principal occupation / Job title (See Instructions) Nonprofit Business Consultant		Employer (See Instructions) Self-Employed
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrenod, William	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code New Orleans, LA 70117	
Principal occupation / Job title (See Instructions) Nonprofit Business Consultant		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 183/244 Rpt: 186/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrenod, William	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code New Orleans, LA 70117	
8 Principal occupation / Job title (See Instructions) Nonprofit Business Consultant		9 Employer (See Instructions) Self-Employed
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrenod, William	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code New Orleans, LA 70117	
Principal occupation / Job title (See Instructions) Nonprofit Business Consultant		Employer (See Instructions) Self-Employed
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrenod, William	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code New Orleans, LA 70117	
Principal occupation / Job title (See Instructions) Nonprofit Business Consultant		Employer (See Instructions) Self
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrigo, Janis	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Parma, OH 44129	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Linda	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 184/244 Rpt: 187/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Linda	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Austin, TX 78757	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Linda	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Linda	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Linda	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Linda	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 185/244 Rpt: 188/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Jalene	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76114	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleska, Anne Marie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Etowah, NC 28729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polito, Catherine	Amount of Contribution (\$) \$21.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polito, Catherine	Amount of Contribution (\$) \$21.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polito, Catherine	Amount of Contribution (\$) \$21.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 186/244 Rpt: 189/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polito, Catherine	7 Amount of Contribution (\$) \$21.00
	6 Contributor address; City; State; Zip Code Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polito, Catherine	Amount of Contribution (\$) \$21.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polito, Catherine	Amount of Contribution (\$) \$21.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pool, Jorja	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Lewisville, TX 75057	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potter, Barbara	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Morristown, NY 13664	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 187/244 Rpt: 190/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Greig	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code San Leon, TX 77539	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prince, Sharon	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Houston, TX 77065	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) HISD
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Profit, Mel	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Scottsdale, AZ 85255	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qadri, Zohaib	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Council Member		Employer (See Instructions) City Of Austin
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabroker, Timothy	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Killeen, TX 76542	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City Of Killeen

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 188/244 Rpt: 191/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rains, Robert	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Billerica, MA 01821	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramer, Kristina	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Seattle, WA 98115	
Principal occupation / Job title (See Instructions) Hairstylist / Business Owner		Employer (See Instructions) Evolve Organic Salon
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramon, Ricardo	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78232	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rankin, James	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Mateo, CA 94402	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Terry	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Kilgore, TX 75662	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 189/244 Rpt: 192/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Susan	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Lakeway, TX 78734	
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Lake Travis Isd
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rea, Sam	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Arlington, VA 22209	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Cynthia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Dallas, TX 75241	
Principal occupation / Job title (See Instructions) Truck Driver		Employer (See Instructions) Kotz
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Thomas	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Richmond, KY 40475	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Thomas	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Richmond, KY 40475	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 190/244 Rpt: 193/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Thomas 6 Contributor address; City; State; Zip Code Richmond, KY 40475	7 Amount of Contribution (\$) \$3.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Sandra Lemcke Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) NA
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Sandra Lemcke Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) NA
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Sandra Lemcke Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) NA
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Sandra Lemcke Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) NA

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 191/244 Rpt: 194/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Sandra Lemcke 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$20.00
	8 Principal occupation / Job title (See Instructions) retired	9 Employer (See Instructions) NA
Date 07/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Sandra Lemcke 6 Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) NA
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renders, Robin 6 Contributor address; City; State; Zip Code Stockbridge, MA 01262	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Psychologist	Employer (See Instructions) Self-Employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Joanne 6 Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) N/A	Employer (See Instructions) N/A
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Joanne 6 Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) N/A	Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 192/244 Rpt: 195/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Joanne 6 Contributor address; City; State; Zip Code Austin, TX 78750	7 Amount of Contribution (\$) \$20.00
	8 Principal occupation / Job title (See Instructions) N/A	9 Employer (See Instructions) N/A
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Joanne Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) N/A	Employer (See Instructions) N/A
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Joanne Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) N/A	Employer (See Instructions) N/A
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Joanne Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) N/A	Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Clifford Contributor address; City; State; Zip Code Tavernier, FL 33070	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Carpenter	Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 193/244 Rpt: 196/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richey, Melody	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Memphis, TN 38104	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricker, Bruce	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Richardson, TX 75082	
Principal occupation / Job title (See Instructions) It Manager		Employer (See Instructions) Informatics-Inc
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rizzi, Daria	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Jose, CA 95120	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Margaret	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78228	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Clifford	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Marcos, TX 78666	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 194/244 Rpt: 197/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76137	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76137	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76137	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76137	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76137	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 195/244 Rpt: 198/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76137	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76137	\$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76137	\$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76137	\$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76137	\$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 196/244 Rpt: 199/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76137	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 07/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76137	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Robin	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Plano, TX 75093	
Principal occupation / Job title (See Instructions) Quality		Employer (See Instructions) Non Profit
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Mary Esther	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77005	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College Of Medicine
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Mary Esther	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77005	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College Of Medicine

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 197/244 Rpt: 200/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Mary Esther 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions) Baylor College Of Medicine
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Mary Esther Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions) Baylor College Of Medicine
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Mary Esther Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions) Baylor College Of Medicine
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Mary Esther Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions) Baylor College Of Medicine
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Mary Esther Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) physician	Employer (See Instructions) Baylor College of Medicine

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 198/244 Rpt: 201/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Nancy	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78232	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Nancy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78232	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Nancy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78232	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Nancy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78232	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Nancy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78232	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 199/244 Rpt: 202/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Nancy	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78232	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Ken	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Annapolis, MD 21403	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Pattie	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenblum, Ruth	Amount of Contribution (\$) \$18.00
	Contributor address; City; State; Zip Code Santa Fe, NM 87505	
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self-Employed
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenblum, Ruth	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Santa Fe, NM 87505	
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self-Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 200/244 Rpt: 203/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Donna	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code Houston, TX 77019	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowe, Kevin	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Laguna Niguel, CA 92677	
Principal occupation / Job title (See Instructions) Managing Member		Employer (See Instructions) K Rowe Investments LLC
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowe, Kevin	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Laguna Niguel, CA 92677	
Principal occupation / Job title (See Instructions) Managing Member		Employer (See Instructions) K Rowe Investments LLC
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowe, Kevin	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Laguna Niguel, CA 92677	
Principal occupation / Job title (See Instructions) Managing Member		Employer (See Instructions) K Rowe Investments LLC
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowe, Kevin	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Laguna Niguel, CA 92677	
Principal occupation / Job title (See Instructions) Managing Member		Employer (See Instructions) K Rowe Investments LLC

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 201/244 Rpt: 204/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowe, Kevin	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Laguna Niguel, CA 92677	
8 Principal occupation / Job title (See Instructions) Managing Member		9 Employer (See Instructions) K Rowe Investments LLC
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushforth, Sam	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Orem, UT 84097	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Albuquerque, NM 87105	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saltz, Amy	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code New York, NY 10010	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel, Marcy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Westerville, OH 43081	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 202/244 Rpt: 205/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Paul	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Boerne, TX 78006	
8 Principal occupation / Job title (See Instructions) Business Broker		9 Employer (See Instructions) Self-Employed
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Patrice	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Lehman Associates
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Patrice	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Lehman Associates
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Patrice	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Lehman Associates
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Patrice	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Lehman Associates

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 203/244 Rpt: 206/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Patrice	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Austin, TX 78757	
8 Principal occupation / Job title (See Instructions) Researcher		9 Employer (See Instructions) Lehman Associates
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Patrice	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Lehman Associates
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Jane	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Waco, TX 76708	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawtell, Cynthia	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Anselmo, CA 94960	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawyer, Karen	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Denison, TX 75020	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 204/244 Rpt: 207/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawyer, Robin	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Mclean, VA 22102	
8 Principal occupation / Job title (See Instructions) Programs Manager		9 Employer (See Instructions) Values United
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawyer, Robin	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Mclean, VA 22102	
Principal occupation / Job title (See Instructions) Programs Manager		Employer (See Instructions) Values United
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawyer, Robin	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Mclean, VA 22102	
Principal occupation / Job title (See Instructions) Programs Manager		Employer (See Instructions) Values United
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawyer, Robin	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Mclean, VA 22102	
Principal occupation / Job title (See Instructions) Programs Manager		Employer (See Instructions) Values United
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawyer, Robin	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Mclean, VA 22102	
Principal occupation / Job title (See Instructions) Programs Manager		Employer (See Instructions) Values United

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 205/244 Rpt: 208/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawyer, Robin	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Mclean, VA 22102	
8 Principal occupation / Job title (See Instructions) Programs Manager		9 Employer (See Instructions) Values United
Date 07/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawyer, Robin	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Mclean, VA 22102	
Principal occupation / Job title (See Instructions) Programs Manager		Employer (See Instructions) Values United
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaffert, Michael	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Phoenix, AZ 85018	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwalbenberg, Michael	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Petaluma, CA 94954	
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) AT&T
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nancy	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code Red Rock, TX 78662	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 206/244 Rpt: 209/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seibert, Kevin	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Rowlett, TX 75089	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sells, Greg	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78741	
Principal occupation / Job title (See Instructions) Civil Service		Employer (See Instructions) Internal Revenue Service
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serrato, David	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Torrance, CA 90501	
Principal occupation / Job title (See Instructions) Longshoreman		Employer (See Instructions) Pma Assoc.
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sevrain, Nancy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Oakland, CA 94602	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapard, Patricia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76137	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 207/244 Rpt: 210/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharpe, Mary Austin, TX 78703	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Planning Facilitator		9 Employer (See Instructions) Self-Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharpe, Mary Austin, TX 78703	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Planning Facilitator		Employer (See Instructions) Self-Employed
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharpe, Mary Austin, TX 78703	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Planning Facilitator		Employer (See Instructions) Self-Employed
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharpe, Mary Austin, TX 78703	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Planning Facilitator		Employer (See Instructions) Self-Employed
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharpe, Mary Austin, TX 78703	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Planning Facilitator		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 208/244 Rpt: 211/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharpe, Mary	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78703	
8 Principal occupation / Job title (See Instructions) Planning Facilitator		9 Employer (See Instructions) Self-Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharr, Dianne	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77068	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Laurinda	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Blair, NE 68008	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shay, Carole	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Wasilla, AK 99654	
Principal occupation / Job title (See Instructions) Therapy Dog Programs & Service Dog Trainer		Employer (See Instructions) Alaska Assistance Dogs
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shay, Carole	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Wasilla, AK 99654	
Principal occupation / Job title (See Instructions) Therapy Dog Programs & Service Dog Trainer		Employer (See Instructions) Alaska Assistance Dogs

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 209/244 Rpt: 212/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheehan, Cynthia	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Palmyra, NJ 08065	
8 Principal occupation / Job title (See Instructions) Adjunct Faculty		9 Employer (See Instructions) Community College Of Philadelphia
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelby, Laura	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77024	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Mary Lou	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Kerrville, TX 78028	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shenk, Edward	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Napa, CA 94558	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sher, Kimberly	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 210/244 Rpt: 213/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Judith	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Culver City, CA 90230	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silver, Bernard	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77005	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silveri, Janis	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Los Fresnos, TX 78566	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silveri, Janis	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Los Fresnos, TX 78566	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sims, Martha Ann	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Geneva, NY 14456	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 211/244 Rpt: 214/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sing, Doris 6 Contributor address; City; State; Zip Code Houston, TX 77004	7 Amount of Contribution (\$) \$5.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sing, Doris Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sing, Doris Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sing, Doris Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sing, Doris Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 212/244 Rpt: 215/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skidmore, Danielle	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Civil Engineer		9 Employer (See Instructions) Danielle Skidmore Consulting, PLLC
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Cressan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dallas, TX 75228	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Harriet	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Alton, IL 62002	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Michele	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Rain Minns Law Firm
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smyth, Mary	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Sun City Center, FL 33573	
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) KC INDUSTRIES LLC

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 213/244 Rpt: 216/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snedecor, Karen	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Hawkins, TX 75765	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Somers-Clark, Ron	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dallas, TX 75208	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spicher, Dennis	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78216	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spradlin, Suzy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Oakland, CA 94612	
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self-Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprague, Donald	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Bennington, VT 05201	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 214/244 Rpt: 217/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Srulowitz, David	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Helotes, TX 78023	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steemler, Jack	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Pflugerville, TX 78660	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stegall, Neill	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Tax Examiner		Employer (See Instructions) IRS
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinwedell, Patricia	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Trs Of Tx
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinwedell, Patricia	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Trs Of Tx

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 215/244 Rpt: 218/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinwedell, Patricia	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Austin, TX 78746	
8 Principal occupation / Job title (See Instructions) Finance		9 Employer (See Instructions) Trs Of Tx
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinwedell, Patricia	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78746	\$10.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Trs Of Tx
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinwedell, Patricia	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78746	\$10.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Trs Of Tx
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinwedell, Patricia	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78746	\$10.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Trs Of Tx
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinwedell, Patricia	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78746	\$10.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Trs of TX

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 216/244 Rpt: 219/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, Cheri	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Monkey Island, OK 74331	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Patrick	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Thousand Oaks, CA 91360	
Principal occupation / Job title (See Instructions) Programs Director		Employer (See Instructions) Centurylink
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stolt, Christel	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Denton, TX 76210	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart, Cynthia	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76132	
Principal occupation / Job title (See Instructions) Musician/Teacher		Employer (See Instructions) Self-Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart, Cynthia	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76132	
Principal occupation / Job title (See Instructions) Musician/Teacher		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 217/244 Rpt: 220/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/30/2025	5 Full name of contributor Stuart, Cynthia 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Musician/Teacher		9 Employer (See Instructions) Self-Employed
Date 08/31/2025	Full name of contributor Stuart, Cynthia Contributor address; City; State; Zip Code Fort Worth, TX 76132	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Musician/Teacher		Employer (See Instructions) Self-Employed
Date 07/31/2025	Full name of contributor Stuart, Cynthia Contributor address; City; State; Zip Code Fort Worth, TX 76132	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Musician/Teacher		Employer (See Instructions) Self-Employed
Date 07/31/2025	Full name of contributor Stubblefield, Belinda Contributor address; City; State; Zip Code Atlanta, GA 30326	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self-Employed
Date 08/03/2025	Full name of contributor Sullivan, David Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Research Associate		Employer (See Instructions) The University of Texas at Austin

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 218/244 Rpt: 221/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Laurie	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Colorado Springs, CO 80917	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sun, Climbing	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code Boca Raton, FL 33432	
Principal occupation / Job title (See Instructions) Engr		Employer (See Instructions) Self-Employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sung, Anne	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77063	
Principal occupation / Job title (See Instructions) Policy chief		Employer (See Instructions) Harris County
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susser, Susan	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) E.F. Hutton
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sussman, Norman	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code The Colony, TX 75056	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Durect

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 219/244 Rpt: 222/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutherland, Mary	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Granbury, TX 76049	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swenson, Karen	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Symington, Bailey	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Boston, MA 02116	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tappon, Jim	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Rochester, NY 14609	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self-Employed
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tappon, Jim	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Rochester, NY 14609	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 220/244 Rpt: 223/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taub, Judith	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Spring, TX 77386	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taube, Deetta	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code Tucson, AZ 85710	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, James	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Indianapolis, IN 46202	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Templeton, Jeffrey	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75238	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrill, Lynn	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Irving, TX 75062	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 221/244 Rpt: 224/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terwilliger, Susan	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Ithaca, NY 14850	
8 Principal occupation / Job title (See Instructions) Guitar Teacher		9 Employer (See Instructions) Self-Employed
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theriot, Lisa	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Mesquite, TX 75150	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Linda	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Hobe Sound, FL 33455	
Principal occupation / Job title (See Instructions) Preschool Teacher		Employer (See Instructions) Trinity Christian School
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Robert	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fremont, CA 94539	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Robert	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Fremont, CA 94539	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 222/244 Rpt: 225/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Robert	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Fremont, CA 94539	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Robert	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Fremont, CA 94539	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Robert	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Fremont, CA 94539	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Robert	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Fremont, CA 94539	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Robert	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Fremont, CA 94539	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 223/244 Rpt: 226/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Robert	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Fremont, CA 94539	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Catherine	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code The Villages, FL 32162	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, David	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Minneapolis, MN 55410	
Principal occupation / Job title (See Instructions) Computer Programmer		Employer (See Instructions) Dave Thompson Designs Inc
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Susan	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Augusta, GA 30909	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiefenbruck, Grant	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Cottage Grove, MN 55016	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 224/244 Rpt: 227/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tierman, Andrew	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Saginaw, MI 48603	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timin, Mitchell	Amount of Contribution (\$) \$13.00
	Contributor address; City; State; Zip Code Tucson, AZ 85716	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomberlin, Jessica	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Baker		Employer (See Instructions) Self-Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsager, Mary	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Barrington, IL 60010	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travers, Peter	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Wakefield, RI 02879	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 225/244 Rpt: 228/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tripp, Lynn	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Modesto, CA 95356	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Truitt, Gary	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Shepherdstown, WV 25443	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsang, ED	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Honolulu, HI 96826	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuchman, Ellen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75205	
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self-Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turriff, Linda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code De Pere, WI 54115	
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Eosuites

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 226/244 Rpt: 229/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ultican, Lanna	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Blue Springs, MO 64015	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unciano, Joycelyn	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Kapolei, HI 96707	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Cynthia	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78753	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valentine, Julie	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Kalispell, MT 59901	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Logan Health
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Praag, Lynne	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Wellington, FL 33449	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 227/244 Rpt: 230/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderweit, Chris 6 Contributor address; City; State; Zip Code Lake Havasu City, AZ 86403	7 Amount of Contribution (\$) \$5.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughan, James Contributor address; City; State; Zip Code Pittsburg, CA 94565	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Public School Teacher	Employer (See Instructions) Pittsburg Unified School District
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Dale Contributor address; City; State; Zip Code San Diego, CA 92139	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vernon, Darleen Contributor address; City; State; Zip Code University Place, WA 98466	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veronda, Ronald Contributor address; City; State; Zip Code Flushing, MI 48433	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Educator	Employer (See Instructions) The Children Of The United States

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 228/244 Rpt: 231/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volel, Barbara	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Laurel, MD 20707	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volel, Barbara	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Laurel, MD 20707	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volz, David	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cibolo, TX 78108	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vonderohe, Robert	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Downers Grove, IL 60516	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vontourne, Valarie	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Olympia, WA 98506	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 229/244 Rpt: 232/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Elizabeth	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Valdez, AK 99686	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Judith	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Gilmanton, NH 03237	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldmann, Barbara	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Staten Island, NY 10301	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Lois	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code St. Petersburg, FL 33712	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wall, Kathy	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Design Right Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 230/244 Rpt: 233/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, Mary Jean	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Scotts Valley, CA 95066	
8 Principal occupation / Job title (See Instructions) Lmft		9 Employer (See Instructions) Self-Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waterman, Wendy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Manhattan, NY 10023	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Doris	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76110	
Principal occupation / Job title (See Instructions) Tarrant County Family Court Services		Employer (See Instructions) N/A
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Doris	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76110	
Principal occupation / Job title (See Instructions) Tarrant County Family Court Services		Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Doris	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76110	
Principal occupation / Job title (See Instructions) Tarrant County Family Court Services		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 231/244 Rpt: 234/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Doris 6 Contributor address; City; State; Zip Code Fort Worth, TX 76110	7 Amount of Contribution (\$) \$5.00
	8 Principal occupation / Job title (See Instructions) Tarrant County Family Court Services	9 Employer (See Instructions) N/A
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Doris Contributor address; City; State; Zip Code Fort Worth, TX 76110	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Tarrant County Family Court Services	Employer (See Instructions) N/A
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Doris Contributor address; City; State; Zip Code Fort Worth, TX 76110	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Tarrant County Family Court Services	Employer (See Instructions) N/A
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Howard Contributor address; City; State; Zip Code Long Beach, CA 90815	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Leslie Contributor address; City; State; Zip Code Ashland, OH 44805	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 232/244 Rpt: 235/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Benjamin	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Houston, TX 77007	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Daniel	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77498	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Paul	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Paul	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Sarasota, FL 34235	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber-Johnson, Chris	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Davis, CA 95618	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 233/244 Rpt: 236/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiner, Michael	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Mckinney, TX 75070	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein, Hilary	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Independent
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein, Hilary	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Independent
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein, Hilary	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Independent
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein, Hilary	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Independent

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 234/244 Rpt: 237/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein, Hilary	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76107	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Independent
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein, Hilary	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Independent
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Judith	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Westlake Village, CA 91361	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weissmann, Ivan	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Dallas, TX 75206	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Willard	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Upland, CA 91786	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 235/244 Rpt: 238/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitten, Lynn	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78704	
8 Principal occupation / Job title (See Instructions) systems analyst		9 Employer (See Instructions) state of texas
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitten, Lynn	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) systems analyst		Employer (See Instructions) state of texas
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitten, Lynn	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) systems analyst		Employer (See Instructions) state of texas
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittlesey, Richard	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code South Hero, VT 05486	
Principal occupation / Job title (See Instructions) Federal Employee		Employer (See Instructions) USCIS
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wierson, Carolyn	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Avondale Estates, GA 30002	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 236/244 Rpt: 239/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Garland, TX 75043	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wildroot, Celia	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Garland County, AR 71901	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Dave	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Marrero, LA 70072	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, JO	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Del Valle, TX 78617	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Angelica	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code San Antonio, TX 78210	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 237/244 Rpt: 240/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Taylor	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76110	
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) The Welman Project
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Taylor	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76110	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) The Welman Project
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Taylor	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76110	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) The Welman Project
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Taylor	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76110	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) The Welman Project
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Taylor	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76110	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) The Welman Project

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 238/244 Rpt: 241/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Taylor	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76110	
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) The Welman Project
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Debra	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Dayton, NV 89403	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Elizabeth	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Valdez, AK 99686	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Elizabeth	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Valdez, AK 99686	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Elizabeth	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Valdez, AK 99686	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 239/244 Rpt: 242/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 09/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Elizabeth	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Valdez, AK 99686	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Elizabeth	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Valdez, AK 99686	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Elizabeth	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Valdez, AK 99686	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Withington, Jo Ann	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Chandler, AZ 85226	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Holly	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code New York, NY 10003	
Principal occupation / Job title (See Instructions) College Advisor		Employer (See Instructions) College Advisor

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 240/244 Rpt: 243/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, John	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Plant City, FL 33563	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodburn, Megan	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Strategic Association Management
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolford, Dudley	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Laurel, MD 20707	
Principal occupation / Job title (See Instructions) Tech		Employer (See Instructions) Pge
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wrenn, Christine	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Nyack, NY 10960	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Carlecia D.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77018	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) City Of Houston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 241/244 Rpt: 244/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Carlecia D.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77018	
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) City Of Houston
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Carlecia D.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77018	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) City Of Houston
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Carlecia D.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77018	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) City Of Houston
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Carlecia D.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77018	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) City Of Houston
Date 07/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Carlecia D.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77018	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) City Of Houston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 242/244 Rpt: 245/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Kelly	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Batavia, OH 45103	
8 Principal occupation / Job title (See Instructions) Prof		9 Employer (See Instructions) U Of Cincinnati
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Thomas	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Princeton, NJ 08540	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, Diane	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78726	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Storable
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Trudy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Trudy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 243/244 Rpt: 246/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Weldon	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76111	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youngblood, Brett	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78724	
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Keysight Technologies
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeigler, Mary Jane	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Gatesville, TX 76528	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ziaks, Stuart	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Dallas, TX 75205	
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Heritage Auctions
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sharpe, mary	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) planning facilitator		Employer (See Instructions) self-employed

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 244/244 Rpt: 247/300
2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) watkins, doris 6 Contributor address; City; State; Zip Code Fort Worth, TX 76110	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Tarrant County Family Court Services		9 Employer (See Instructions) Not employed

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/31/2025	5 Payee name Act Blue Technichal Services	
6 Amount (\$) \$11.01	7 Payee address; City; 366 Summer St Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/24/2025	Payee name Act Blue Technichal Services	
Amount (\$) \$11.09	Payee address; City; 366 Summer St Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/17/2025	Payee name Act Blue Technichal Services	
Amount (\$) \$53.88	Payee address; City; 366 Summer St Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/10/2025	5 Payee name Act Blue Technichal Services	
6 Amount (\$) \$52.33	7 Payee address; City; State; Zip Code 366 Summer St Sommerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/10/2025	Payee name Act Blue Technichal Services	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 366 Summer St Sommerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Refund
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/26/2025	Payee name Act Blue Technichal Services	
Amount (\$) \$15.74	Payee address; City; State; Zip Code 366 Summer St Sommerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 3/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/25/2025	5 Payee name Act Blue Technichal Services	
6 Amount (\$) \$7.42	7 Payee address; City; 367 Summer St Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name Act Blue Technichal Services	
Amount (\$) \$10.51	Payee address; City; 366 Summer St Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/13/2025	Payee name Act Blue Technichal Services	
Amount (\$) \$413.31	Payee address; City; 366 Summer St Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 4/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/05/2025	5 Payee name Act Blue Technichal Services	
6 Amount (\$) \$6.87	7 Payee address; City; State; Zip Code 366 Summer St Sommerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/29/2025	Payee name Act Blue Technichal Services	
Amount (\$) \$25.13	Payee address; City; State; Zip Code 366 Summer St Sommerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/22/2025	Payee name Act Blue Technichal Services	
Amount (\$) \$107.47	Payee address; City; State; Zip Code 366 Summer St Sommerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 5/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/16/2025	5 Payee name Act Blue Technichal Services	
6 Amount (\$) \$51.73	7 Payee address; City; 366 Summer St Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/08/2025	Payee name Act Blue Technichal Services	
Amount (\$) \$59.19	Payee address; City; 366 Summer St Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name Act Blue Technichal Services	
Amount (\$) \$171.22	Payee address; City; 366 Summer St Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 6/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/01/2025	5 Payee name Act Blue Technichal Services	
6 Amount (\$) \$148.23	7 Payee address; City; 366 Summer St Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/13/2025	Payee name Act Blue Technichal Services	
Amount (\$) \$343.57	Payee address; City; 366 Summer St Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/06/2025	Payee name Act Blue Technichal Services	
Amount (\$) \$56.70	Payee address; City; 366 Summer St Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 7/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/30/2025	5 Payee name Act Blue Technichal Services	
6 Amount (\$) \$208.29	7 Payee address; City; State; Zip Code 366 Summer St Sommerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/23/2025	Payee name Act Blue Technichal Services	
Amount (\$) \$8.52	Payee address; City; State; Zip Code 366 Summer St Sommerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/16/2025	Payee name Act Blue Technichal Services	
Amount (\$) \$4.85	Payee address; City; State; Zip Code 366 Summer St Sommerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 8/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/16/2025	5 Payee name Act Blue Technichal Services	
6 Amount (\$) \$14.27	7 Payee address; City; State; Zip Code 366 Summer St Sommerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/03/2025	Payee name Act Blue Technichal Services	
Amount (\$) \$20.40	Payee address; City; State; Zip Code 366 Summer St Sommerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/02/2025	Payee name Act Blue Technichal Services	
Amount (\$) \$1,010.00	Payee address; City; State; Zip Code 366 Summer St Sommerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Refund
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 9/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/25/2025	5 Payee name Annie's List Training and Engagement Fund	
6 Amount (\$) \$29,391.60	7 Payee address; City; State; Zip Code PO Box 303277 Austin, TX 78703	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ALTEF Payroll Invoice
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/25/2025	Payee name Annie's List Training and Engagement Fund	
Amount (\$) \$14,871.09	Payee address; City; State; Zip Code PO Box 303277 Austin, TX 78703	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ALTEF Payroll Invoice
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/25/2025	Payee name Annie's List Training and Engagement Fund	
Amount (\$) \$27,383.48	Payee address; City; State; Zip Code PO Box 303277 Austin, TX 78703	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ALTEF Payroll Invoice
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 10/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/04/2025	5 Payee name Barragan, Alejandro	
6 Amount (\$) \$410.24	7 Payee address; City; PO Box 303277 Austin, TX 78703	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursements - Dallas Mileage for Alejandro Barragan
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Best Buy	
Amount (\$) \$86.59	Payee address; City; 125 NW Loop 410, San Antonio, TX 78216	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Computer Monitor Camera
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Better Half	
Amount (\$) \$41.92	Payee address; City; 406 Walsh St Austin, TX 78703	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with former Annie's List Board Member
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 11/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/11/2025	5 Payee name Blue Scout Digital	
6 Amount (\$) \$2,500.00	7 Payee address; City; 2505 Royal Birkdale Dr Plano, TX 75025	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Fundraising Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/26/2025	Payee name Blue Scout Digital	
Amount (\$) \$1,200.00	Payee address; City; 2505 Royal Birkdale Dr Plano, TX 75025	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Fundraising Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/11/2025	Payee name Blue Scout Digital	
Amount (\$) \$1,000.00	Payee address; City; 2505 Royal Birkdale Dr Plano, TX 75025	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Fundraising Services
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 12/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/19/2025	5 Payee name Blue Scout Digital	
6 Amount (\$) \$1,250.00	7 Payee address; City; 2505 Royal Birkdale Dr Plano, TX 75025	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Fundraising Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/07/2025	Payee name Boardable	
Amount (\$) \$194.00	Payee address; City; 8626 E 116th Street, Suite 350 Fishers, IN 46038	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Board Software Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/14/2025	Payee name Bumper Active	
Amount (\$) \$41.57	Payee address; City; 1045 Reinli ST #A Austin, TX 78723	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bumperactive Monthly Subscription
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 13/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/03/2025	5 Payee name Bumper Active	
6 Amount (\$) \$67.61	7 Payee address; City; 1045 Reinli ST #A Austin, TX 78723	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bumperactive Monthly Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Bumper Active	
Amount (\$) \$41.57	Payee address; City; 1045 Reinli ST #A Austin, TX 78723	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bumperactive Monthly Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Bumper Active	
Amount (\$) \$41.57	Payee address; City; 1045 Reinli ST #A Austin, TX 78723	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bumperactive Monthly Subscription
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 14/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/17/2025	5 Payee name Bumper Active	
6 Amount (\$) \$41.57	7 Payee address; City; State; Zip Code 1045 Reinli ST #A Austin, TX 78723	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bumperactive Monthly Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/13/2025	Payee name Doody, Dylan	
Amount (\$) \$1,750.00	Payee address; City; State; Zip Code 2200 S Pleasant Valley Rd Austin, TX 78741	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/17/2025	Payee name Doody, Dylan	
Amount (\$) \$1,750.00	Payee address; City; State; Zip Code 2200 S Pleasant Valley Rd Austin, TX 78741	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Consulting
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 15/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/03/2025	5 Payee name EveryAction	
6 Amount (\$) \$2,155.88	7 Payee address; City; State; Zip Code 10801-2 N Mopac Expy Austin, TX 78759	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name EveryAction	Office sought Office held
Date 10/03/2025	Payee name EveryAction	
Amount (\$) \$2,053.21	Payee address; City; State; Zip Code 10801-2 N Mopac Expy Austin, TX 78759	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NGP VAN Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name EveryAction	Office sought Office held
Date 09/05/2025	Payee name EveryAction	
Amount (\$) \$2,053.21	Payee address; City; State; Zip Code 10801-2 N Mopac Expy Austin, TX 78759	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NGP VAN Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name EveryAction	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 16/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/25/2025	5 Payee name EveryAction	
6 Amount (\$) \$2,053.21	7 Payee address; City; State; Zip Code 10801-2 N Mopac Expy Austin, TX 78759	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NGP VAN Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name EveryAction	
Amount (\$) \$2,155.88	Payee address; City; State; Zip Code 10801-2 N Mopac Expy Austin, TX 78759	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/11/2025	Payee name EveryAction	
Amount (\$) \$111.93	Payee address; City; State; Zip Code 10801-2 N Mopac Expy Austin, TX 78759	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NGP VAN Subscription
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 17/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/03/2025	5 Payee name EveryAction	
6 Amount (\$) \$2,053.21	7 Payee address; City; State; Zip Code 10801-2 N Mopac Expy Austin, TX 78759	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NGP VAN Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Flagship Campaigns	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 7926 Broadway Apt 707 San Antonio, TX 78209	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/12/2025	Payee name Flagship Campaigns	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 7926 Broadway Apt 707 San Antonio, TX 78209	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data Consulting
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 18/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/24/2025	5 Payee name Flagship Campaigns	
6 Amount (\$) \$1,000.00	7 Payee address; City; 7926 Broadway Apt 707 San Antonio, TX 78209	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p>8 PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Consulting Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data Consulting</p>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/21/2025	Payee name Flagship Campaigns	Office held
Amount (\$) \$750.00	Payee address; City; 7926 Broadway Apt 707 San Antonio, TX 78209	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p>PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Consulting Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data Consulting</p>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/17/2025	Payee name GoDaddy	Office held
Amount (\$) \$90.68	Payee address; City; 100 S. Mill Ave, Suite 1600 Tempe, AZ 85281	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p>PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website hosting - Reimbursement for Graciela Padilla</p>	
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 19/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/26/2025	5 Payee name Grassroots Analytics	
6 Amount (\$) \$3,000.00	7 Payee address; City; 806 7th St NW Ste 3 Washington, DC 20001	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p>8 PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Consulting Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Fundraising Services</p>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Grassroots Analytics	Office sought Office held
Date 08/25/2025	Payee name Grassroots Analytics	
Amount (\$) \$500.00	Payee address; City; 806 7th St NW Ste 3 Washington, DC 20001	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p>PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Consulting Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Fundraising Services</p>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Grassroots Analytics	Office sought Office held
Date 07/18/2025	Payee name Grassroots Analytics	
Amount (\$) \$2,000.00	Payee address; City; 806 7th St NW Ste 3 Washington, DC 20001	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p>PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Consulting Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Fundraising Services</p>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Grassroots Analytics	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 20/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/03/2025	5 Payee name Grassroots Analytics	
6 Amount (\$) \$500.00	7 Payee address; City; 806 7th St NW Ste 3 Washington, DC 20001	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	
8 PURPOSE OF EXPENDITURE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Fundraising Services	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/03/2025	Payee name Gusto	Office held
Amount (\$) \$149.24	Payee address; City; 525 20th Street San Francisco, CA 94107	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	
PURPOSE OF EXPENDITURE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Processing Fees	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/05/2025	Payee name Gusto	Office held
Amount (\$) \$136.44	Payee address; City; 525 20th Street San Francisco, CA 94107	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	
PURPOSE OF EXPENDITURE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Processing Fees	
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 21/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/03/2025	5 Payee name Gusto	
6 Amount (\$) \$136.44	7 Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name Gusto	
Amount (\$) \$136.46	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/05/2025	Payee name Gusto	
Amount (\$) \$149.24	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Processing Fees
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 22/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/28/2025	5 Payee name Gusto	
6 Amount (\$) \$123.66	7 Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/24/2025	Payee name Hilton	
Amount (\$) \$196.12	Payee address; City; State; Zip Code 500 N Interstate Hwy 35 Austin, TX 78701	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Austin Event Hotel Stay
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/25/2025	Payee name Hilton	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 500 N Interstate Hwy 35 Austin, TX 78701	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel Meal Charge
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 23/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/20/2025	5 Payee name Holland & Knight	
6 Amount (\$) \$2,688.00	7 Payee address; City; P.O. Box 936937 Atlanta, GA 31193-6937	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Date 12/18/2025	Office sought Office held
Amount (\$) \$205.10	Payee address; City; 500 West Main Street Louisville, KY 40202	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Healthcare and Employee benefits
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Date 11/03/2025	Office sought Office held
Amount (\$) \$313.75	Payee address; City; 500 West Main Street Louisville, KY 40202	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Healthcare and Employee benefits
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 24/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/16/2025	5 Payee name Humana Inc.	
6 Amount (\$) \$67.35	7 Payee address; City; 500 West Main Street Louisville, KY 40202	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Healthcare and Employee benefits
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name Humana Inc.	
Amount (\$) \$313.75	Payee address; City; 500 West Main Street Louisville, KY 40202	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Healthcare and Employee benefits
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/03/2025	Payee name Humana Inc.	
Amount (\$) \$313.75	Payee address; City; 500 West Main Street Louisville, KY 40202	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Healthcare and Employee benefits
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 25/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/25/2025	5 Payee name Humana Inc.	
6 Amount (\$) \$436.95	7 Payee address; City; 500 West Main Street Louisville, KY 40202	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Healthcare and Employee benefits
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/09/2025	Payee name III Forks	
Amount (\$) \$8,749.66	Payee address; City; 111 Lavaca St Austin, TX 78701	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund for staff payment of event expense - Isabel Longoria
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/29/2025	Payee name Intuit	
Amount (\$) \$122.59	Payee address; City; 2700 Coast Avenue Mountain View, CA 94043	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Subscription
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 26/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/28/2025	5 Payee name Intuit	
6 Amount (\$) \$122.59	7 Payee address; City; 2700 Coast Avenue Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/28/2025	Payee name Intuit	
Amount (\$) \$122.59	Payee address; City; 2700 Coast Avenue Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name Intuit	
Amount (\$) \$122.59	Payee address; City; 2700 Coast Avenue Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Subscription
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 27/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/28/2025	5 Payee name Intuit	
6 Amount (\$) \$122.59	7 Payee address; City; State; Zip Code 2700 Coast Avenue Mountain View, CA 94043	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/20/2025	Payee name Intuit	
Amount (\$) \$122.59	Payee address; City; State; Zip Code 2700 Coast Avenue Mountain View, CA 94043	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name Marsh McLennan Agency	
Amount (\$) \$5,163.00	Payee address; City; State; Zip Code 2500 Bee Cave Rd Suite 125 Austin, TX 78746	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Workers Compensation Insurance
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 28/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 10/01/2025	5 Payee name Marsh McLennan Agency	
6 Amount (\$) \$4.00	7 Payee address; City; State; Zip Code 2500 Bee Cave Rd Suite 125 Austin, TX 78746	
<input type="checkbox"/> Expenditure from corporate funds	<p>8 PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Workers Comp Processing Fees</p>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Montemayor Britton Bender PC	Office sought Office held
Date 12/03/2025	Payee name Montemayor Britton Bender PC	
Amount (\$) \$2,285.00	Payee address; City; State; Zip Code 2110 Boca Raton Dr Bldg B Ste 102 Austin, TX 78747	
<input type="checkbox"/> Expenditure from corporate funds	<p>PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Accounting/Banking</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services</p>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Montemayor Britton Bender PC	Office sought Office held
Date 07/08/2025	Payee name Montemayor Britton Bender PC	
Amount (\$) \$106.25	Payee address; City; State; Zip Code 2110 Boca Raton Dr Bldg B Ste 102 Austin, TX 78747	
<input type="checkbox"/> Expenditure from corporate funds	<p>PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Accounting/Banking</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services</p>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Montemayor Britton Bender PC	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 29/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/01/2025	5 Payee name Organize To Win PAC	
6 Amount (\$) \$2,000.00	7 Payee address; City; PO Box 667238 Houston, TX 77266	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p>8 PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense OTW PAC Contribution</p>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/03/2025	Payee name Padilla, Graciela	Office held
Amount (\$) \$250.00	Payee address; City; PO Box 303277 Austin, TX 78703	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p>PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Consulting Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications Consulting</p>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/26/2025	Payee name Padilla, Graciela	Office held
Amount (\$) \$1,000.00	Payee address; City; PO Box 303277 Austin, TX 78703	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p>PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Consulting Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications Consulting</p>	
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 30/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/03/2025	5 Payee name Plains Capital	
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 2323 Victory Avenue, Suite 100 Dallas, TX 75219	
<input type="checkbox"/> Expenditure from corporate funds	<p>8 PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Fees</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee</p>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Plains Capital	Office sought Office held
Date 07/01/2025	Payee name Plains Capital	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 2323 Victory Avenue, Suite 100 Dallas, TX 75219	
<input type="checkbox"/> Expenditure from corporate funds	<p>PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Fees</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee</p>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Plains Capital	Office sought Office held
Date 10/22/2025	Payee name Prosperity Bank	
Amount (\$) \$24,032.50	Payee address; City; State; Zip Code 80 Sugar Creek Center Blvd Sugarland, TX 77578	
<input type="checkbox"/> Expenditure from corporate funds	<p>PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Credit Card Payment</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment Of Full Balance</p>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Plains Capital	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 31/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/01/2025	5 Payee name Prosperity	
6 Amount (\$) \$1,272.00	7 Payee address; City; State; Zip Code 80 Sugar Creek Center Blvd Sugarland, TX 77578	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/01/2025	Payee name Prosperity	
Amount (\$) \$1,283.00	Payee address; City; State; Zip Code 80 Sugar Creek Center Blvd Sugarland, TX 77578	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name Prosperity	
Amount (\$) \$1,294.00	Payee address; City; State; Zip Code 80 Sugar Creek Center Blvd Sugarland, TX 77578	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 32/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/23/2025	5 Payee name Prosperity	
6 Amount (\$) \$1,262.00	7 Payee address; City; State; Zip Code 80 Sugar Creek Center Blvd Sugarland, TX 77578	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Prosperity	
Amount (\$) \$31.00	Payee address; City; State; Zip Code 80 Sugar Creek Center Blvd Sugarland, TX 77578	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/01/2025	Payee name Prosperity	
Amount (\$) \$1,312.00	Payee address; City; State; Zip Code 80 Sugar Creek Center Blvd Sugarland, TX 77578	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 33/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/23/2025	5 Payee name Susan Harry Consulting	
6 Amount (\$) \$750.00	7 Payee address; City; P.O. Box 301074 Austin, TX 78703	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/21/2025	Payee name Susan Harry Consulting	
Amount (\$) \$750.00	Payee address; City; P.O. Box 301074 Austin, TX 78703	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/25/2025	Payee name Susan Harry Consulting	
Amount (\$) \$750.00	Payee address; City; P.O. Box 301074 Austin, TX 78703	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 34/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/25/2025	5 Payee name Susan Harry Consulting	
6 Amount (\$) \$750.00	7 Payee address; City; P.O. Box 301074 Austin, TX 78703	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p>8 PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Consulting Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services</p>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/25/2025	Payee name Susan Harry Consulting	Office held
Amount (\$) \$750.00	Payee address; City; P.O. Box 301074 Austin, TX 78703	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p>PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Consulting Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services</p>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/10/2025	Payee name Texas Democratic Party	Office held
Amount (\$) \$5,000.00	Payee address; City; 1311 E 6th St #B Austin, TX 78702	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p>PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter File Access</p>	
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 35/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 12/31/2025	5 Payee name Treaty Oak Bank	
6 Amount (\$) \$35.00	7 Payee address; City; 101 Westlake Drive Austin, TX 78735	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Treaty Oak Bank	Office sought Office held
Date 12/11/2025	Payee name Treaty Oak Bank	
Amount (\$) \$15.00	Payee address; City; 101 Westlake Drive Austin, TX 78735	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Treaty Oak Bank	Office sought Office held
Date 11/21/2025	Payee name Treaty Oak Bank	
Amount (\$) \$35.00	Payee address; City; 101 Westlake Drive Austin, TX 78735	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Treaty Oak Bank	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 36/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 07/18/2025	5 Payee name Treaty Oak Bank	
6 Amount (\$) \$35.00	7 Payee address; City; 101 Westlake Drive Austin, TX 78735	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/09/2025	Payee name Treaty Oak Bank	
Amount (\$) \$15.00	Payee address; City; 101 Westlake Drive Austin, TX 78735	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/10/2025	Payee name United HealthCare	
Amount (\$) \$4,649.10	Payee address; City; 9700 Health Care Lane Hopkins, MN 55343	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Healthcare and Employee benefits
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 37/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 11/26/2025	5 Payee name United HealthCare	
6 Amount (\$) \$1,549.70	7 Payee address; City; 9700 Health Care Lane Hopkins, MN 55343	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Healthcare and Employee benefits
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/10/2025	Payee name United HealthCare	
Amount (\$) \$4,649.10	Payee address; City; 9700 Health Care Lane Hopkins, MN 55343	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Healthcare and Employee benefits
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/10/2025	Payee name United HealthCare	
Amount (\$) \$4,649.10	Payee address; City; 9700 Health Care Lane Hopkins, MN 55343	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Healthcare and Employee benefits
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 38/38 Rpt:	2 FILER NAME Annie's List	3 Filer ID (Ethics Commission Filers) 00053715
4 Date 08/25/2025	5 Payee name United HealthCare	
6 Amount (\$) \$3,442.80	7 Payee address; City; 9700 Health Care Lane Hopkins, MN 55343	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Healthcare and Employee benefits
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/12/2025	Payee name United HealthCare	
Amount (\$) \$4,649.10	Payee address; City; 9700 Health Care Lane Hopkins, MN 55343	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Healthcare and Employee benefits
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F2:	2 FILER NAME Sch: 1/1 Rpt: 286/300	3 Filer ID (Ethics Commission Filers) 00053715
4	TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$	
5 Date 12/31/2025	6 Payee name Annie's List Training and Engagement Fund	
7 Amount (\$) \$53,354.00	8 Payee address; City; State; Zip Code PO Box 303277 <input type="checkbox"/> Expenditure from corporate funds Austin, TX 78703	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Remaining Balance of 2025 Salary Payments to ALTEF - Paid in Full 01/12/2026
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 1/13 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution Prosperity Bank		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$75.76	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Adobe Systems Inc.		(b) Payee address; City, State, Zip Code 345 Park Avenue CA San Jose, CA 95110-2704
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software Subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$194.00	(b) Date of Charge 11/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Boardable		(b) Payee address; City, State, Zip Code 8626 E 116th Street, Suite 350 Fishers, IN 46038
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Board Software Subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$212.79	(b) Date of Charge 11/18/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name White Pages		(b) Payee address; City, State, Zip Code 2033 6th Avenue, Suite 1100 Seattle, WA 98121
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Whitepages Subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/13 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$212.79	(b) Date of Charge 11/15/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name White Pages		(b) Payee address; City, State, Zip Code 2033 6th Avenue, Suite 1100 Seattle, WA 98121
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Whitepages Subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$64.94	(b) Date of Charge 10/31/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Adobe Systems Inc.		(b) Payee address; City, State, Zip Code 345 Park Avenue CA San Jose, CA 95110-2704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software Subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$207.36	(b) Date of Charge 10/31/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Prosperity Bank		(b) Payee address; City, State, Zip Code 80 Sugar Creek Center Blvd Sugar Land, TX 77478
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description CC interest charge
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/13 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$194.00	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Boardable		(b) Payee address; City, State, Zip Code 8626 E 116th Street, Suite 350 Fishers, IN 46038
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Board Software Subscription
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$212.79	(b) Date of Charge 10/18/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name White Pages		(b) Payee address; City, State, Zip Code 2033 6th Avenue, Suite 1100 Seattle, WA 98121
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Whitepages Subscription
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$3.24	(b) Date of Charge 10/17/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name From You Flowers		(b) Payee address; City, State, Zip Code 483 West 37th Street New York, NY 10018
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Small refund from flower delivery
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/13 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$58.46	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name JW Marriott - Austin		(b) Payee address; City, State, Zip Code 10 E 2nd St Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff Meal
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$212.79	(b) Date of Charge 10/15/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name White Pages		(b) Payee address; City, State, Zip Code 2033 6th Avenue, Suite 1100 Seattle, WA 98121
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Whitepages Subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$65.31	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Parking Management Co.		(b) Payee address; City, State, Zip Code 300 E 2nd St Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Parking Fee
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/13 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$67.08	(b) Date of Charge 10/08/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name From You Flowers		(b) Payee address; City, State, Zip Code 483 West 37th Street New York, NY 10018
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Flowers for accounting team
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$64.94	(b) Date of Charge 09/30/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Adobe Systems Inc.		(b) Payee address; City, State, Zip Code 345 Park Avenue CA San Jose, CA 95110-2704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software Subscription
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$202.52	(b) Date of Charge 09/30/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Prosperity Bank		(b) Payee address; City, State, Zip Code 80 Sugar Creek Center Blvd Sugar Land, TX 77478
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Bank Fee
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 6/13 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$171.60	(b) Date of Charge 09/24/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Boardable		(b) Payee address; City, State, Zip Code 8626 E 116th Street, Suite 350 Fishers, IN 46038
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Payroll Processing Fees
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$212.79	(b) Date of Charge 09/18/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name White Pages		(b) Payee address; City, State, Zip Code 2033 6th Avenue, Suite 1100 Seattle, WA 98121
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Whitepages Subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$212.79	(b) Date of Charge 09/15/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name White Pages		(b) Payee address; City, State, Zip Code 2033 6th Avenue, Suite 1100 Seattle, WA 98121
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Whitepages Subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 7/13 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$193.05	(b) Date of Charge 09/07/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Permission Whiskey and Service		(b) Payee address; City, State, Zip Code 2920 White Oak Dr Houston, TX 77007
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Staff Going Away Party
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$64.94	(b) Date of Charge 09/01/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Adobe Systems Inc.		(b) Payee address; City, State, Zip Code 345 Park Avenue CA San Jose, CA 95110-2704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software Subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$212.21	(b) Date of Charge 08/31/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Prosperity Bank		(b) Payee address; City, State, Zip Code 80 Sugar Creek Center Blvd Sugar Land, TX 77478
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Bank Fee
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 8/13 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$171.60	(b) Date of Charge 08/25/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Boardable		(b) Payee address; City, State, Zip Code 8626 E 116th Street, Suite 350 Fishers, IN 46038
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Board Software Subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$50.00	(b) Date of Charge 08/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name One Market Square Garage		(b) Payee address; City, State, Zip Code 800 Preston Street Houston, TX 77002
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Parking Fee
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$54.12	(b) Date of Charge 08/21/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Hyatt Regency		(b) Payee address; City, State, Zip Code 300 Reunion Blvd E Dallas, TX 75207
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Hotel Stay
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 9/13 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$145.00	(b) Date of Charge 08/21/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Vonlane		(b) Payee address; City, State, Zip Code 3800 Maple Avenue Suite 265 Dallas, TX 75219
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Bus Ticket
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$47.17	(b) Date of Charge 08/21/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Doubletree		(b) Payee address; City, State, Zip Code 8250 N Central Expy Dallas, TX 75206
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Hotel Stay
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$158.97	(b) Date of Charge 08/21/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Doubletree		(b) Payee address; City, State, Zip Code 8250 N Central Expy Dallas, TX 75206
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Hotel Stay
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 10/13 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$145.00	(b) Date of Charge 08/20/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Vonlane		(b) Payee address; City, State, Zip Code 3800 Maple Avenue Suite 265 Dallas, TX 75219
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Bus Ticket
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$23.38	(b) Date of Charge 08/17/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Parking Management Co.		(b) Payee address; City, State, Zip Code 300 E 2nd St Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Parking Fee
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$64.94	(b) Date of Charge 08/01/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Adobe Systems Inc.		(b) Payee address; City, State, Zip Code 345 Park Avenue CA San Jose, CA 95110-2704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software Subscription
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 11/13 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$213.06	(b) Date of Charge 07/31/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Prosperity Bank		(b) Payee address; City, State, Zip Code 80 Sugar Creek Center Blvd Sugar Land, TX 77478
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Bank Fee
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$319.80	(b) Date of Charge 07/30/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Bumper Active		(b) Payee address; City, State, Zip Code 1045 Reinli ST #A Austin, TX 78723
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Bumperactive Subscription
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$171.64	(b) Date of Charge 07/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Boardable		(b) Payee address; City, State, Zip Code 8626 E 116th Street, Suite 350 Fishers, IN 46038
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Board Software Subscription
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 12/13 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$171.64	(b) Date of Charge 07/24/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Boardable		(b) Payee address; City, State, Zip Code 8626 E 116th Street, Suite 350 Fishers, IN 46038
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Board Software Subscription
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$64.94	(b) Date of Charge 07/17/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Adobe Systems Inc.		(b) Payee address; City, State, Zip Code 345 Park Avenue CA San Jose, CA 95110-2704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software Subscription
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$7.39	(b) Date of Charge 12/31/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Prosperity Bank		(b) Payee address; City, State, Zip Code 80 Sugar Creek Center Blvd Sugar Land, TX 77478
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description CC interest charge
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 13/13 Rpt:	2 FILER NAME Annie's List		3 Filer ID (Ethics Commission Filers) 00053715
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$212.79	(b) Date of Charge 12/18/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name White Pages		(b) Payee address; City, State, Zip Code 2033 6th Avenue, Suite 1100 Seattle, WA 98121
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Data Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$212.79	(b) Date of Charge 12/15/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name White Pages		(b) Payee address; City, State, Zip Code 2033 6th Avenue, Suite 1100 Seattle, WA 98121
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Data Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 1/1 Rpt: 300/300</p>
<p>2 FILER NAME Annie's List</p>		<p>3 Filer ID (Ethics Commission Filers) 00053715</p>
<p>4 Date 07/31/2025</p>	<p>5 Name of person from whom amount is received Plains Capital</p>	<p>8 Amount (\$) \$252.21</p>
	<p>6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78758</p>	
	<p>7 Purpose for which amount is received Interest Dividend</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/29/2025</p>	<p>Name of person from whom amount is received Plains Capital</p>	<p>Amount (\$) \$231.49</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Austin, TX 78758</p>	
	<p>Purpose for which amount is received Interest Dividend</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/30/2025</p>	<p>Name of person from whom amount is received Plains Capital</p>	<p>Amount (\$) \$220.43</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Austin, TX 78758</p>	
	<p>Purpose for which amount is received Interest Dividend</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/31/2025</p>	<p>Name of person from whom amount is received Plains Capital</p>	<p>Amount (\$) \$224.97</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Austin, TX 78758</p>	
	<p>Purpose for which amount is received Interest Dividend</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/28/2025</p>	<p>Name of person from whom amount is received Plains Capital</p>	<p>Amount (\$) \$194.52</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Austin, TX 78758</p>	
	<p>Purpose for which amount is received Interest Dividend</p>	<input type="checkbox"/> Check if political contribution returned to filer