

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) 00088701	2 Total pages filed: 74	
3 COMMITTEE NAME Flip Texas Blue Fund			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 300624 Austin, TX 78705			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mason NICKNAME LAST SUFFIX Reid			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1621 E. 6th Street Apt. 1224 Austin, TX 78702			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1621 E. 6th Street Apt. 1224 Austin, TX 78702			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 278-0860			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year Month Day Year 07/01/2025 THROUGH 12/31/2025			
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Flip Texas Blue Fund	13 Filer ID (Ethics Commission Filers) 00088701
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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)	\$ 2,743.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 31,660.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,054.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mason Reid

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 74

17 COMMITTEE NAME Flip Texas Blue Fund		18 Filer ID (Ethics Commission Filers) 00088701
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,743.00
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	\$ 31,660.44
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/50 Rpt: 4/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 07/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bruce 6 Contributor address; City; State; Zip Code Plantation, FL 33313	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bruce Contributor address; City; State; Zip Code Plantation, FL 33313	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bruce Contributor address; City; State; Zip Code Plantation, FL 33313	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bruce Contributor address; City; State; Zip Code Plantation, FL 33313	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bruce Contributor address; City; State; Zip Code Plantation, FL 33313	Amount of Contribution (\$) \$10.00
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: 2/50 Rpt: 5/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 12/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bruce <hr/> 6 Contributor address; City; State; Zip Code Plantation, FL 33313	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aquino, Cheryl <hr/> Contributor address; City; State; Zip Code Libertyville, IL 60048	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aquino, Cheryl <hr/> Contributor address; City; State; Zip Code Libertyville, IL 60048	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aquino, Cheryl <hr/> Contributor address; City; State; Zip Code Libertyville, IL 60048	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aquino, Cheryl <hr/> Contributor address; City; State; Zip Code Libertyville, IL 60048	Amount of Contribution (\$) \$5.00
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: 3/50 Rpt: 6/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 07/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aquino, Cheryl 6 Contributor address; City; State; Zip Code Libertyville, IL 60048	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aquino, Cheryl Contributor address; City; State; Zip Code Libertyville, IL 60048	Amount of Contribution (\$) \$5.00
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#: _____) Aquino, Cheryl Contributor address; City; State; Zip Code Libertyville, IL 60048	Amount of Contribution (\$) \$3.00
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#: _____) Aquino, Cheryl Contributor address; City; State; Zip Code Libertyville, IL 60048	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aquino, Cheryl Contributor address; City; State; Zip Code Libertyville, IL 60048	Amount of Contribution (\$) \$5.00
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: 4/50 Rpt: 7/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berdine, Jill <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79490	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berdine, Jill <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79490	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berdine, Jill <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79490	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Eldo <hr/> Contributor address; City; State; Zip Code Houston, TX 77035	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Family Literacy Network
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Eldo <hr/> Contributor address; City; State; Zip Code Houston, TX 77035	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Family Literacy Network

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/50 Rpt: 8/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 09/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Eldo 6 Contributor address; City; State; Zip Code Houston, TX 77035	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) Family Literacy Network
Date 07/19/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/19/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/19/2025	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 (\$) \$5.00
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: 6/50 Rpt: 9/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 11/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowers, Donita <hr/> 6 Contributor address; City; State; Zip Code Cleburne, TX 76033	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowers, Donita <hr/> Contributor address; City; State; Zip Code Cleburne, TX 76033	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Elaine <hr/> Contributor address; City; State; Zip Code Clewiston, FL 33440	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Elaine <hr/> Contributor address; City; State; Zip Code Clewiston, FL 33440	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Elaine <hr/> Contributor address; City; State; Zip Code Clewiston, FL 33440	Amount of Contribution (\$) \$24.00
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: 7/50 Rpt: 10/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 10/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Elaine <hr/> 6 Contributor address; City; State; Zip Code Clewiston, FL 33440	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Elaine <hr/> Contributor address; City; State; Zip Code Clewiston, FL 33440	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Elaine <hr/> Contributor address; City; State; Zip Code Clewiston, FL 33440	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bussell, Travis <hr/> Contributor address; City; State; Zip Code Albany, OR 97321	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bussell, Travis <hr/> Contributor address; City; State; Zip Code Albany, OR 97321	Amount of Contribution (\$) \$10.00
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: 8/50 Rpt: 11/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bussell, Travis 6 Contributor address; City; State; Zip Code Albany, OR 97321	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bussell, Travis Contributor address; City; State; Zip Code Albany, OR 97321	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bussell, Travis Contributor address; City; State; Zip Code Albany, OR 97321	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bussell, Travis Contributor address; City; State; Zip Code Albany, OR 97321	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bussell, Travis Contributor address; City; State; Zip Code Albany, OR 97321	Amount of Contribution (\$) \$25.00
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: 9/50 Rpt: 12/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 10/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bussell, Travis <hr/> 6 Contributor address; City; State; Zip Code Albany, OR 97321	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bussell, Travis <hr/> Contributor address; City; State; Zip Code Albany, OR 97321	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bussell, Travis <hr/> Contributor address; City; State; Zip Code Albany, OR 97321	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bussell, Travis <hr/> Contributor address; City; State; Zip Code Albany, OR 97321	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bussell, Travis <hr/> Contributor address; City; State; Zip Code Albany, OR 97321	Amount of Contribution (\$) \$10.00
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: 10/50 Rpt: 13/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 11/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Candee, Richard 6 Contributor address; City; State; Zip Code York, ME 03909	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Daniel Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Daniel J. Davis Law PLLC
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVincent, Elise Contributor address; City; State; Zip Code Philadelphia, PA 19111	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVincent, Elise Contributor address; City; State; Zip Code Philadelphia, PA 19111	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVincent, Elise Contributor address; City; State; Zip Code Philadelphia, PA 19111	Amount of Contribution (\$) \$5.00
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: 11/50 Rpt: 14/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 07/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hemmen, Julie <hr/> 6 Contributor address; City; State; Zip Code Nevada City, CA 95959	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Caregiver		9 Employer (See Instructions) Dr Emmett Miller
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Renate <hr/> Contributor address; City; State; Zip Code Denton, TX 76210	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Renate <hr/> Contributor address; City; State; Zip Code Denton, TX 76210	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Renate <hr/> Contributor address; City; State; Zip Code Denton, TX 76210	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Renate <hr/> Contributor address; City; State; Zip Code Denton, TX 76210	Amount of Contribution (\$) \$10.00
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: 12/50 Rpt: 15/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 09/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Renate 6 Contributor address; City; State; Zip Code Denton, TX 76210	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Renate Contributor address; City; State; Zip Code Denton, TX 76210	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Renate Contributor address; City; State; Zip Code Denton, TX 76210	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Renate Contributor address; City; State; Zip Code Denton, TX 76210	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Renate Contributor address; City; State; Zip Code Denton, TX 76210	Amount of Contribution (\$) \$6.00
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: 13/50 Rpt: 16/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 11/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Renate <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76210	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Renate <hr/> Contributor address; City; State; Zip Code Denton, TX 76210	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Renate <hr/> Contributor address; City; State; Zip Code Denton, TX 76210	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Charles <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90046	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) LAUSD
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Charles <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90046	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) LAUSD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/50 Rpt: 17/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Charles 6 Contributor address; City; State; Zip Code Los Angeles, CA 90046	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) LAUSD
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Charles Contributor address; City; State; Zip Code Los Angeles, CA 90046	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) LAUSD
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Charles Contributor address; City; State; Zip Code Los Angeles, CA 90046	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) LAUSD
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Charles Contributor address; City; State; Zip Code Los Angeles, CA 90046	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) LAUSD
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kite, Dan Contributor address; City; State; Zip Code Jacksonville, FL 32244	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Dan kite pinstripping

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/50 Rpt: 18/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 08/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kite, Dan 6 Contributor address; City; State; Zip Code Jacksonville, FL 32244	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Dan kite pinstriping
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kite, Dan Contributor address; City; State; Zip Code Jacksonville, FL 32244	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Dan kite pinstriping
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kite, Dan Contributor address; City; State; Zip Code Jacksonville, FL 32244	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Dan kite pinstriping
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kite, Dan Contributor address; City; State; Zip Code Jacksonville, FL 32244	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Dan kite pinstriping
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kite, Dan Contributor address; City; State; Zip Code Jacksonville, FL 32244	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Dan kite pinstriping

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/50 Rpt: 19/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kothe, Patricia <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60640	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kothe, Patricia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60640	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kothe, Patricia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60640	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kothe, Patricia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60640	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kothe, Patricia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60640	Amount of Contribution (\$) \$10.00
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: 17/50 Rpt: 20/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kothe, Patricia 6 Contributor address; City; State; Zip Code Chicago, IL 60640	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krejci, Judy Contributor address; City; State; Zip Code Fort Collins, CO 80526	Amount of Contribution (\$) \$5.00
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#: _____) Krejci, Judy Contributor address; City; State; Zip Code Fort Collins, CO 80526	Amount of Contribution (\$) \$5.00
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#: _____) Krejci, Judy Contributor address; City; State; Zip Code Fort Collins, CO 80526	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krejci, Judy Contributor address; City; State; Zip Code Fort Collins, CO 80526	Amount of Contribution (\$) \$5.00
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: 18/50 Rpt: 21/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krejci, Judy 6 Contributor address; City; State; Zip Code Fort Collins, CO 80526	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krejci, Judy Contributor address; City; State; Zip Code Fort Collins, CO 80526	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krejci, Judy Contributor address; City; State; Zip Code Fort Collins, CO 80526	Amount of Contribution (\$) \$5.00
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#: _____) Krejci, Judy Contributor address; City; State; Zip Code Fort Collins, CO 80526	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krejci, Judy Contributor address; City; State; Zip Code Fort Collins, CO 80526	Amount of Contribution (\$) \$5.00
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: 19/50 Rpt: 22/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krejci, Judy 6 Contributor address; City; State; Zip Code Fort Collins, CO 80526	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krejci, Judy Contributor address; City; State; Zip Code Fort Collins, CO 80526	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krejci, Judy Contributor address; City; State; Zip Code Fort Collins, CO 80526	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ludwikowski, Kathleen Contributor address; City; State; Zip Code Montello, WI 53949	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ludwikowski, Kathleen Contributor address; City; State; Zip Code Montello, WI 53949	Amount of Contribution (\$) \$5.00
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: 20/50 Rpt: 23/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 08/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ludwikowski, Kathleen 6 Contributor address; City; State; Zip Code Montello, WI 53949	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ludwikowski, Kathleen Contributor address; City; State; Zip Code Montello, WI 53949	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maatman, Gail Contributor address; City; State; Zip Code Hollidaysburg, PA 16648	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Private Elementary School
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maatman, Gail Contributor address; City; State; Zip Code Hollidaysburg, PA 16648	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Private Elementary School
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maatman, Gail Contributor address; City; State; Zip Code Hollidaysburg, PA 16648	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Private Elementary School

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/50 Rpt: 24/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 10/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maatman, Gail <hr/> 6 Contributor address; City; State; Zip Code Hollidaysburg, PA 16648	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Private Elementary School
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maatman, Gail <hr/> Contributor address; City; State; Zip Code Hollidaysburg, PA 16648	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Private Elementary School
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maatman, Gail <hr/> Contributor address; City; State; Zip Code Hollidaysburg, PA 16648	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Private Elementary School
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ballet Instructor		Employer (See Instructions) Roni Mahler
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ballet Instructor		Employer (See Instructions) Roni Mahler

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/50 Rpt: 25/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie 6 Contributor address; City; State; Zip Code San Francisco, CA 94109	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Ballet Instructor		9 Employer (See Instructions) Roni Mahler
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ballet Instructor		Employer (See Instructions) Roni Mahler
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ballet Instructor		Employer (See Instructions) Roni Mahler
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ballet Instructor		Employer (See Instructions) Roni Mahler
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Ballet Instructor		Employer (See Instructions) Roni Mahler

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/50 Rpt: 26/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie 6 Contributor address; City; State; Zip Code San Francisco, CA 94109	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Ballet Instructor		9 Employer (See Instructions) Roni Mahler
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ballet Instructor		Employer (See Instructions) Roni Mahler
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ballet Instructor		Employer (See Instructions) Roni Mahler
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Ballet Instructor		Employer (See Instructions) Roni Mahler
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ballet Instructor		Employer (See Instructions) Roni Mahler

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/50 Rpt: 27/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 10/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie 6 Contributor address; City; State; Zip Code San Francisco, CA 94109	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Ballet Instructor		9 Employer (See Instructions) Roni Mahler
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ballet Instructor		Employer (See Instructions) Roni Mahler
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Ballet Instructor		Employer (See Instructions) Roni Mahler
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ballet Instructor		Employer (See Instructions) Roni Mahler
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ballet Instructor		Employer (See Instructions) Roni Mahler

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/50 Rpt: 28/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 11/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie 6 Contributor address; City; State; Zip Code San Francisco, CA 94109	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Ballet Instructor		9 Employer (See Instructions) Roni Mahler
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Ballet Instructor		Employer (See Instructions) Roni Mahler
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ballet Instructor		Employer (See Instructions) Roni Mahler
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ballet Instructor		Employer (See Instructions) Roni Mahler
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ballet Instructor		Employer (See Instructions) Roni Mahler

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/50 Rpt: 29/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 12/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie 6 Contributor address; City; State; Zip Code San Francisco, CA 94109	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Ballet Instructor		9 Employer (See Instructions) Roni Mahler
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahler, Ronnie Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Ballet Instructor		Employer (See Instructions) Roni Mahler
Date 07/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Colleen Contributor address; City; State; Zip Code North Andover, MA 01845	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathers, Valerie Contributor address; City; State; Zip Code Fremont, CA 94536	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathers, Valerie Contributor address; City; State; Zip Code Fremont, CA 94536	Amount of Contribution (\$) \$5.00
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: 27/50 Rpt: 30/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 09/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathers, Valerie <hr/> 6 Contributor address; City; State; Zip Code Fremont, CA 94536	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathers, Valerie <hr/> Contributor address; City; State; Zip Code Fremont, CA 94536	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathers, Valerie <hr/> Contributor address; City; State; Zip Code Fremont, CA 94536	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathers, Valerie <hr/> Contributor address; City; State; Zip Code Fremont, CA 94536	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanson, Christianne <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-2503	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) accountant		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/50 Rpt: 31/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 08/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanson, Christianne 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-2503	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) accountant		9 Employer (See Instructions) Retired
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanson, Christianne Contributor address; City; State; Zip Code Bellaire, TX 77401-2503	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) accountant		Employer (See Instructions) Retired
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanson, Christianne Contributor address; City; State; Zip Code Bellaire, TX 77401-2503	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) accountant		Employer (See Instructions) Retired
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanson, Christianne Contributor address; City; State; Zip Code Bellaire, TX 77401-2503	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) accountant		Employer (See Instructions) Retired
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanson, Christianne Contributor address; City; State; Zip Code Bellaire, TX 77401-2503	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) accountant		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/50 Rpt: 32/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mielke, Howard <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98105	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mielke, Howard <hr/> Contributor address; City; State; Zip Code Seattle, WA 98105	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mielke, Howard <hr/> Contributor address; City; State; Zip Code Seattle, WA 98105	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mielke, Howard <hr/> Contributor address; City; State; Zip Code Seattle, WA 98105	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mielke, Howard <hr/> Contributor address; City; State; Zip Code Seattle, WA 98105	Amount of Contribution (\$) \$4.00
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: 30/50 Rpt: 33/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 07/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mudrovich, Ellen 6 Contributor address; City; State; Zip Code Fort Worth, TX 76116	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mudrovich, Ellen Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mudrovich, Ellen Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mudrovich, Ellen Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mudrovich, Ellen Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$25.00
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: 31/50 Rpt: 34/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mudrovich, Ellen 6 Contributor address; City; State; Zip Code Fort Worth, TX 76116	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Marylou Contributor address; City; State; Zip Code San Rafael, CA 94901-1442	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Marylou Contributor address; City; State; Zip Code San Rafael, CA 94901-1442	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Marylou Contributor address; City; State; Zip Code San Rafael, CA 94901-1442	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Marylou Contributor address; City; State; Zip Code San Rafael, CA 94901-1442	Amount of Contribution (\$) \$5.00
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: 32/50 Rpt: 35/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 11/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Marylou <hr/> 6 Contributor address; City; State; Zip Code San Rafael, CA 94901-1442	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Marylou <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901-1442	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OTOOLE, VIRGINIA <hr/> Contributor address; City; State; Zip Code NAPLES, FL 34110	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OTOOLE, VIRGINIA <hr/> Contributor address; City; State; Zip Code NAPLES, FL 34110	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OTOOLE, VIRGINIA <hr/> Contributor address; City; State; Zip Code NAPLES, FL 34110	Amount of Contribution (\$) \$10.00
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: 33/50 Rpt: 36/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 10/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OTOOLE, VIRGINIA 6 Contributor address; City; State; Zip Code NAPLES, FL 34110	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OTOOLE, VIRGINIA Contributor address; City; State; Zip Code NAPLES, FL 34110	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OTOOLE, VIRGINIA Contributor address; City; State; Zip Code NAPLES, FL 34110	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Jackie Contributor address; City; State; Zip Code South Jordan, UT 84095	Amount of Contribution (\$) \$25.00
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#: _____) Olsen, Jackie Contributor address; City; State; Zip Code South Jordan, UT 84095	Amount of Contribution (\$) \$25.00
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: 34/50 Rpt: 37/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Jackie 6 Contributor address; City; State; Zip Code South Jordan, UT 84095	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Jackie Contributor address; City; State; Zip Code South Jordan, UT 84095	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickhaver, Mary Contributor address; City; State; Zip Code Houston, TX 77345	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickhaver, Mary Contributor address; City; State; Zip Code Houston, TX 77345	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickhaver, Mary Contributor address; City; State; Zip Code Houston, TX 77345	Amount of Contribution (\$) \$25.00
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: 35/50 Rpt: 38/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 10/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickhaver, Mary 6 Contributor address; City; State; Zip Code Houston, TX 77345	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickhaver, Mary Contributor address; City; State; Zip Code Houston, TX 77345	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Rachel Contributor address; City; State; Zip Code Pasadena, CA 91106	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Rachel Contributor address; City; State; Zip Code Pasadena, CA 91106	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Rachel Contributor address; City; State; Zip Code Pasadena, CA 91106	Amount of Contribution (\$) \$6.00
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: 36/50 Rpt: 39/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 10/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Rachel <hr/> 6 Contributor address; City; State; Zip Code Pasadena, CA 91106	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Rachel <hr/> Contributor address; City; State; Zip Code Pasadena, CA 91106	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Rachel <hr/> Contributor address; City; State; Zip Code Pasadena, CA 91106	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenthal, Michael <hr/> Contributor address; City; State; Zip Code Claremont, CA 91711	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenthal, Michael <hr/> Contributor address; City; State; Zip Code Claremont, CA 91711	Amount of Contribution (\$) \$50.00
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: 37/50 Rpt: 40/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 09/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenthal, Michael 6 Contributor address; City; State; Zip Code Claremont, CA 91711	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenthal, Michael Contributor address; City; State; Zip Code Claremont, CA 91711	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenthal, Michael Contributor address; City; State; Zip Code Claremont, CA 91711	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenthal, Michael Contributor address; City; State; Zip Code Claremont, CA 91711	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Carol Contributor address; City; State; Zip Code myrtle beach, SC 29572-5638	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/50 Rpt: 41/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Carol <hr/> 6 Contributor address; City; State; Zip Code myrtle beach, SC 29572-5638	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Therapist		9 Employer (See Instructions) Self
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Carol <hr/> Contributor address; City; State; Zip Code myrtle beach, SC 29572-5638	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Carol <hr/> Contributor address; City; State; Zip Code myrtle beach, SC 29572-5638	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Carol <hr/> Contributor address; City; State; Zip Code myrtle beach, SC 29572-5638	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sebuliba, Razia <hr/> Contributor address; City; State; Zip Code Laurel, MD 20708	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Centurion health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/50 Rpt: 42/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 07/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepardson, Rodney <hr/> 6 Contributor address; City; State; Zip Code Nashua, NH 03062	7 Amount of Contribution (\$) <div style="text-align: right;">\$4.00</div>
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepardson, Rodney <hr/> Contributor address; City; State; Zip Code Nashua, NH 03062	Amount of Contribution (\$) <div style="text-align: right;">\$4.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepardson, Rodney <hr/> Contributor address; City; State; Zip Code Nashua, NH 03062	Amount of Contribution (\$) <div style="text-align: right;">\$4.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepardson, Rodney <hr/> Contributor address; City; State; Zip Code Nashua, NH 03062	Amount of Contribution (\$) <div style="text-align: right;">\$4.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepardson, Rodney <hr/> Contributor address; City; State; Zip Code Nashua, NH 03062	Amount of Contribution (\$) <div style="text-align: right;">\$4.00</div>
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: 40/50 Rpt: 43/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepardson, Rodney <hr/> 6 Contributor address; City; State; Zip Code Nashua, NH 03062	7 Amount of Contribution (\$) <div style="text-align: right;">\$4.00</div>
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Susan <hr/> Contributor address; City; State; Zip Code Congers, NY 10920	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
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#: _____) Sullivan, Susan <hr/> Contributor address; City; State; Zip Code Congers, NY 10920	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Susan <hr/> Contributor address; City; State; Zip Code Congers, NY 10920	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Susan <hr/> Contributor address; City; State; Zip Code Congers, NY 10920	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
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: 41/50 Rpt: 44/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Susan <hr/> 6 Contributor address; City; State; Zip Code Congers, NY 10920	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Susan <hr/> Contributor address; City; State; Zip Code Congers, NY 10920	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Susan <hr/> Contributor address; City; State; Zip Code Larkspur, CA 94939	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Susan <hr/> Contributor address; City; State; Zip Code Larkspur, CA 94939	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Susan <hr/> Contributor address; City; State; Zip Code Larkspur, CA 94939	Amount of Contribution (\$) \$25.00
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: 42/50 Rpt: 45/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 07/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Darlene 6 Contributor address; City; State; Zip Code Seguin, TX 78155	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Darlene Contributor address; City; State; Zip Code Seguin, TX 78155	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Darlene Contributor address; City; State; Zip Code Seguin, TX 78155	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Darlene Contributor address; City; State; Zip Code Seguin, TX 78155	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Darlene Contributor address; City; State; Zip Code Seguin, TX 78155	Amount of Contribution (\$) \$5.00
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: 43/50 Rpt: 46/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 12/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Darlene <hr/> 6 Contributor address; City; State; Zip Code Seguin, TX 78155	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voss, Alison <hr/> Contributor address; City; State; Zip Code Lilliwaup, WA 98555	Amount of Contribution (\$) \$10.00
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#: _____) Voss, Alison <hr/> Contributor address; City; State; Zip Code Lilliwaup, WA 98555	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voss, Alison <hr/> Contributor address; City; State; Zip Code Lilliwaup, WA 98555	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voss, Alison <hr/> Contributor address; City; State; Zip Code Lilliwaup, WA 98555	Amount of Contribution (\$) \$10.00
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: 44/50 Rpt: 47/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 11/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voss, Alison <hr/> 6 Contributor address; City; State; Zip Code Lilliwaup, WA 98555	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voss, Alison <hr/> Contributor address; City; State; Zip Code Lilliwaup, WA 98555	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Wanda <hr/> Contributor address; City; State; Zip Code San Pablo, CA 94806	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Mail Clerk		Employer (See Instructions) Homeland security
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Wanda <hr/> Contributor address; City; State; Zip Code San Pablo, CA 94806	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Mail Clerk		Employer (See Instructions) Homeland security
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Wanda <hr/> Contributor address; City; State; Zip Code San Pablo, CA 94806	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Mail Clerk		Employer (See Instructions) Homeland security

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/50 Rpt: 48/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 10/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Wanda <hr/> 6 Contributor address; City; State; Zip Code San Pablo, CA 94806	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Mail Clerk		9 Employer (See Instructions) Homeland security
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Wanda <hr/> Contributor address; City; State; Zip Code San Pablo, CA 94806	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Mail Clerk		Employer (See Instructions) Homeland security
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Wanda <hr/> Contributor address; City; State; Zip Code San Pablo, CA 94806	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Mail Clerk		Employer (See Instructions) Homeland security
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Dodie <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85710	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Dodie <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85710	Amount of Contribution (\$) \$25.00
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: 46/50 Rpt: 49/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Dodie <hr/> 6 Contributor address; City; State; Zip Code Tucson, AZ 85710	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Dodie <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85710	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Dodie <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85710	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Dodie <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85710	Amount of Contribution (\$) \$25.00
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#: _____) Weeks, Doug <hr/> Contributor address; City; State; Zip Code Malden, MA 02148	Amount of Contribution (\$) \$1.00
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: 47/50 Rpt: 50/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weeks, Doug <hr/> 6 Contributor address; City; State; Zip Code Malden, MA 02148	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Gayle <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Gayle <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Gayle <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Gayle <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$10.00
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: 48/50 Rpt: 51/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Gayle 6 Contributor address; City; State; Zip Code Fort Worth, TX 76179	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Gayle Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Gayle Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Gayle Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Gayle Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$10.00
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: 49/50 Rpt: 52/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 11/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Gayle <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76179	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Gayle <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Gayle <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuhas, Pauline <hr/> Contributor address; City; State; Zip Code Waterville, WA 98858	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuhas, Pauline <hr/> Contributor address; City; State; Zip Code Waterville, WA 98858	Amount of Contribution (\$) \$5.00
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: 50/50 Rpt: 53/74
2 FILER NAME Flip Texas Blue Fund		3 Filer ID (Ethics Commission Filers) 00088701
4 Date 09/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuhas, Pauline <hr/> 6 Contributor address; City; State; Zip Code Waterville, WA 98858	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuhas, Pauline <hr/> Contributor address; City; State; Zip Code Waterville, WA 98858	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuhas, Pauline <hr/> Contributor address; City; State; Zip Code Waterville, WA 98858	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuhas, Pauline <hr/> Contributor address; City; State; Zip Code Waterville, WA 98858	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ratheau, alain <hr/> Contributor address; City; State; Zip Code west marlboro, VT 05363	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/21 Rpt: 54/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 12/30/2025	5 Payee name Amalgamated Bank	
6 Amount (\$) \$14.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 275 Seventh Ave New York, NY 10001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amalgamated Bank		
Amount (\$) \$14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 275 Seventh Ave New York, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amalgamated Bank		
Amount (\$) \$14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 275 Seventh Ave New York, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/21 Rpt: 55/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 09/26/2025	5 Payee name Amalgamated Bank	
6 Amount (\$) \$14.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 275 Seventh Ave New York, NY 10001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amalgamated Bank		
Amount (\$) \$14.25 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 275 Seventh Ave New York, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amalgamated Bank		
Amount (\$) \$14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 275 Seventh Ave New York, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/21 Rpt: 56/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 11/15/2025	5 Payee name Barnard, Terri	
6 Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Tacoma, WA 98407	
8 PURPOSE OF EXPENDITURE	(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 Refunded Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Carney, Marilyn	
Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Westfield, MA 01085	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Carney, Marilyn	
Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Westfield, MA 01085	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/21 Rpt: 57/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 09/30/2025	5 Payee name Carney, Marilyn	
6 Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Westfield, MA 01085	
8 PURPOSE OF EXPENDITURE	(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 Refunded Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Carney, Marilyn	
Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Westfield, MA 01085	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Carney, Marilyn	
Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Westfield, MA 01085	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Carney, Marilyn	
Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Westfield, MA 01085	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/21 Rpt: 58/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 09/30/2025	5 Payee name Carney, Marilyn	
6 Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Westfield, MA 01085	
8 PURPOSE OF EXPENDITURE	(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 Refunded Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Carney, Marilyn	
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Westfield, MA 01085	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Carney, Marilyn	
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Westfield, MA 01085	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/21 Rpt: 59/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 09/30/2025	5 Payee name Carney, Marilyn	
6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Westfield, MA 01085	
8 PURPOSE OF EXPENDITURE	(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 Refunded Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Carney, Marilyn	
Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Westfield, MA 01085	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Chastain, Marsharee	
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Florence, OR 97439	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/21 Rpt: 60/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 11/26/2025	5 Payee name Chastain, Marsharee	
6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Florence, OR 97439	
8 PURPOSE OF EXPENDITURE	(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 Refunded Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Chastain, Marsharee	
Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Florence, OR 97439	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Chastain, Marsharee	
Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Florence, OR 97439	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/21 Rpt: 61/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 07/07/2025	5 Payee name Conditt, Susan	
6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Woodland Hills, CA 91364	
8 PURPOSE OF EXPENDITURE	(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 Refunded Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2025	Payee name Englander, Emily	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Fort Worth, TX 76110-2620	
PURPOSE OF EXPENDITURE	(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 Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Hicks, Leslie	
Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Richmond, CA 94801	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/21 Rpt: 62/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 11/26/2025	5 Payee name Hicks, Leslie	
6 Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Richmond, CA 94801	
8 PURPOSE OF EXPENDITURE	(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 Refunded Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2025	Payee name Ignasiak, Connie	
Amount (\$) \$2.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eastpointe, MI 48021	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2025	Payee name Ignasiak, Connie	
Amount (\$) \$8.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eastpointe, MI 48021	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/21 Rpt: 63/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 07/10/2025	5 Payee name Ignasiak, Connie	
6 Amount (\$) \$3.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eastpointe, MI 48021	
8 PURPOSE OF EXPENDITURE	(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 Refunded Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2025	Payee name Ignasiak, Connie	
Amount (\$) \$2.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eastpointe, MI 48021	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2025	Payee name Ignasiak, Connie	
Amount (\$) \$2.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eastpointe, MI 48021	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/21 Rpt: 64/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 07/10/2025	5 Payee name Ignasiak, Connie	
6 Amount (\$) \$3.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eastpointe, MI 48021	
8 PURPOSE OF EXPENDITURE	(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 Refunded Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2025	Payee name Ignasiak, Connie	
Amount (\$) \$3.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eastpointe, MI 48021	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2025	Payee name Ignasiak, Connie	
Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eastpointe, MI 48021	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/21 Rpt: 65/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 07/10/2025	5 Payee name Ignasiak, Connie	
6 Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eastpointe, MI 48021	
8 PURPOSE OF EXPENDITURE	(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 Refunded Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2025	Payee name Ignasiak, Connie	
Amount (\$) \$4.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eastpointe, MI 48021	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2025	Payee name Ignasiak, Connie	
Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eastpointe, MI 48021	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/21 Rpt: 66/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 07/10/2025	5 Payee name Ignasiak, Connie	
6 Amount (\$) \$3.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eastpointe, MI 48021	
8 PURPOSE OF EXPENDITURE	(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 Refunded Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2025	Payee name Ignasiak, Connie	
Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eastpointe, MI 48021	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2025	Payee name Kahnert, Vonnice	
Amount (\$) \$3.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Burnsville, MN 06896	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/21 Rpt: 67/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 10/16/2025	5 Payee name Kahnert, Vonnice	
6 Amount (\$) \$3.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Burnsville, MN 06896	
8 PURPOSE OF EXPENDITURE	(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 Refunded Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2025	Payee name Kahnert, Vonnice	
Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Burnsville, MN 06896	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2025	Payee name Kahnert, Vonnice	
Amount (\$) \$3.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Burnsville, MN 06896	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/21 Rpt: 68/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 11/26/2025	5 Payee name Kilwein, Dianne	
6 Amount (\$) \$2.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Escondido, CA 92029	
8 PURPOSE OF EXPENDITURE	(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 Refunded Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Klein, Michael	
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Po Bcx 25 Roberts Creek BC V0N2W0 Canada	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Lowe, Diane	
Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Verona, WI 53593	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/21 Rpt: 69/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 07/21/2025	5 Payee name Minkoff, Elaine	
6 Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Gaithersburg, MD 20878	
8 PURPOSE OF EXPENDITURE	(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 Refunded Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Newman, Lavonne	
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Tuscon, AZ 85743	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Newman, Lavonne	
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Tuscon, AZ 85743	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/21 Rpt: 70/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 11/26/2025	5 Payee name Paysee, Evelyn	
6 Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Wichita Falls, TX 76302	
8 PURPOSE OF EXPENDITURE	(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 Refunded Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2025	Payee name Peterson, Elfriede	
Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Redding, CT 06896	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2025	Payee name Peterson, Elfriede	
Amount (\$) \$35.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Redding, CT 06896	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/21 Rpt: 71/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 10/08/2025	5 Payee name Pye, Loretta	
6 Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Detroit, MI 48207	
8 PURPOSE OF EXPENDITURE	(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 Refunded Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2025	Payee name Pye, Loretta	
Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Detroit, MI 48207	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Roebuck, Andrei	
Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Jordan, NY 13080	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/21 Rpt: 72/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 11/26/2025	5 Payee name SCHERL, Eileen	
6 Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE New York, NY 10028	
8 PURPOSE OF EXPENDITURE	(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 Refunded Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2025	Payee name Southern, Mary	
Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Phoenix, AZ 85044	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2025	Payee name Southern, Mary	
Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Phoenix, AZ 85044	
PURPOSE OF EXPENDITURE	(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 Refunded Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/21 Rpt: 73/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 07/05/2025	5 Payee name Twombly, Mitzie	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Castle Pines, CO 80108	
8 PURPOSE OF EXPENDITURE	(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 Refunded Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2025	Payee name Van Ness Creative Strategies	
Amount (\$) \$2,551.45 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code One Huntington Quadrangle Ste 3N05 Melville, NY 11747	
PURPOSE OF EXPENDITURE	(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 Digital Fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2025	Payee name Van Ness Creative Strategies	
Amount (\$) \$21,883.74 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code One Huntington Quadrangle Ste 3N05 Melville, NY 11747	
PURPOSE OF EXPENDITURE	(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 Digital Fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/21 Rpt: 74/74	2 FILER NAME Flip Texas Blue Fund	3 Filer ID (Ethics Commission Filers) 00088701
4 Date 11/26/2025	5 Payee name Whitfield, Earl	
6 Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code <div>REDACTED PER 254.0401, ELEC. CODE</div> Walnut Creek, CA 94598	
8 PURPOSE OF EXPENDITURE	(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 Refunded Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held