

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

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

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Flip Texas Blue Fund		13 FILER ID (Ethics Commission Filers) 00088701
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		
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p style="text-align: right;">Mason Reid</p> <hr/> <p style="text-align: right;">Signature of Campaign Treasurer</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Flip Texas Blue Fund	18 FILER ID (Ethics Commission Filers) 00088701
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Plantation, FL 33313	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Plantation, FL 33313	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Plantation, FL 33313	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Plantation, FL 33313	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Plantation, FL 33313	
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Plantation, FL 33313	
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	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Libertyville, IL 60048	
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	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Libertyville, IL 60048	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Libertyville, IL 60048	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Libertyville, IL 60048	
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	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Libertyville, IL 60048	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Libertyville, IL 60048	
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	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Libertyville, IL 60048	
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	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Libertyville, IL 60048	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Libertyville, IL 60048	
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	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Lubbock, TX 79490	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Lubbock, TX 79490	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Lubbock, TX 79490	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77035	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77035	
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77035	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Cleburne, TX 76033	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Cleburne, TX 76033	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Cleburne, TX 76033	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Cleburne, TX 76033	
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	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Cleburne, TX 76033	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Cleburne, TX 76033	
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	Amount of Contribution (\$) \$24.00
	Contributor address; City; State; Zip Code Clewiston, FL 33440	
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	Amount of Contribution (\$) \$24.00
	Contributor address; City; State; Zip Code Clewiston, FL 33440	
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	Amount of Contribution (\$) \$24.00
	Contributor address; City; State; Zip Code Clewiston, FL 33440	
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	7 Amount of Contribution (\$) \$24.00
	6 Contributor address; City; State; Zip Code Clewiston, FL 33440	
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	Amount of Contribution (\$) \$24.00
	Contributor address; City; State; Zip Code Clewiston, FL 33440	
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	Amount of Contribution (\$) \$24.00
	Contributor address; City; State; Zip Code Clewiston, FL 33440	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Albany, OR 97321	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Albany, OR 97321	
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	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Albany, OR 97321	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Albany, OR 97321	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Albany, OR 97321	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Albany, OR 97321	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Albany, OR 97321	
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Albany, OR 97321	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Albany, OR 97321	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Albany, OR 97321	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Albany, OR 97321	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Albany, OR 97321	
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code York, ME 03909	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Philadelphia, PA 19111	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Philadelphia, PA 19111	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Philadelphia, PA 19111	
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	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Nevada City, CA 95959	
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	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code Denton, TX 76210	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Denton, TX 76210	
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	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code Denton, TX 76210	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Denton, TX 76210	
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	7 Amount of Contribution (\$) \$6.00
	6 Contributor address; City; State; Zip Code Denton, TX 76210	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Denton, TX 76210	
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	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code Denton, TX 76210	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Denton, TX 76210	
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	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code Denton, TX 76210	
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Denton, TX 76210	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Renate	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code Denton, TX 76210	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Denton, TX 76210	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Los Angeles, CA 90046	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Los Angeles, CA 90046	
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 pinstriping

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 Jacksonville, FL 32244	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code	
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 Jacksonville, FL 32244	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code	
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 Jacksonville, FL 32244	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code	
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 Jacksonville, FL 32244	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code	
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 Jacksonville, FL 32244	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code	
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 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 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 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 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 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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Chicago, IL 60640	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fort Collins, CO 80526	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fort Collins, CO 80526	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fort Collins, CO 80526	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fort Collins, CO 80526	
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	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Fort Collins, CO 80526	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fort Collins, CO 80526	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fort Collins, CO 80526	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fort Collins, CO 80526	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fort Collins, CO 80526	
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	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Fort Collins, CO 80526	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fort Collins, CO 80526	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fort Collins, CO 80526	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Montello, WI 53949	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Montello, WI 53949	
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	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Montello, WI 53949	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Montello, WI 53949	
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	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Hollidaysburg, PA 16648	
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	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Hollidaysburg, PA 16648	
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	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Hollidaysburg, PA 16648	
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	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code Hollidaysburg, PA 16648	
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	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Hollidaysburg, PA 16648	
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	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Hollidaysburg, PA 16648	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	7 Amount of Contribution (\$) \$2.00
	6 Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	7 Amount of Contribution (\$) \$2.00
	6 Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	7 Amount of Contribution (\$) \$2.00
	6 Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code North Andover, MA 01845	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fremont, CA 94536	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fremont, CA 94536	
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	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Fremont, CA 94536	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fremont, CA 94536	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fremont, CA 94536	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fremont, CA 94536	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-2503	
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Bellaire, TX 77401-2503	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-2503	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-2503	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-2503	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-2503	
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	7 Amount of Contribution (\$) \$4.00
	6 Contributor address; City; State; Zip Code Seattle, WA 98105	
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	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Seattle, WA 98105	
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	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Seattle, WA 98105	
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	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Seattle, WA 98105	
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	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Seattle, WA 98105	
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	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76116	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mudrovich, Ellen	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76116	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76116	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76116	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76116	
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	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76116	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Marylou	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Rafael, CA 94901-1442	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Rafael, CA 94901-1442	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Rafael, CA 94901-1442	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Rafael, CA 94901-1442	
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	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code San Rafael, CA 94901-1442	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Rafael, CA 94901-1442	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code NAPLES, FL 34110	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code NAPLES, FL 34110	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code NAPLES, FL 34110	
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#: _____) OTTOOLE, VIRGINIA	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code NAPLES, FL 34110	
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#: _____) OTTOOLE, VIRGINIA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code NAPLES, FL 34110	
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#: _____) OTTOOLE, VIRGINIA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code NAPLES, FL 34110	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code South Jordan, UT 84095	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code South Jordan, UT 84095	
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	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code South Jordan, UT 84095	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code South Jordan, UT 84095	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77345	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77345	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77345	
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	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Houston, TX 77345	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77345	
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	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code Pasadena, CA 91106	
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	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code Pasadena, CA 91106	
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	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code Pasadena, CA 91106	
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	7 Amount of Contribution (\$) \$6.00
	6 Contributor address; City; State; Zip Code Pasadena, CA 91106	
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	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code Pasadena, CA 91106	
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	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code Pasadena, CA 91106	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Claremont, CA 91711	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Claremont, CA 91711	
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	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Claremont, CA 91711	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Claremont, CA 91711	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Claremont, CA 91711	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Claremont, CA 91711	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code myrtle beach, SC 29572-5638	
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 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 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 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 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 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	7 Amount of Contribution (\$) \$4.00
	6 Contributor address; City; State; Zip Code Nashua, NH 03062	
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	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Nashua, NH 03062	
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	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Nashua, NH 03062	
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	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Nashua, NH 03062	
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	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Nashua, NH 03062	
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	7 Amount of Contribution (\$) \$4.00
	6 Contributor address; City; State; Zip Code Nashua, NH 03062	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Congers, NY 10920	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Congers, NY 10920	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Congers, NY 10920	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Congers, NY 10920	
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Congers, NY 10920	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Congers, NY 10920	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Larkspur, CA 94939	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Larkspur, CA 94939	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Larkspur, CA 94939	
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	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Seguin, TX 78155	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Seguin, TX 78155	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Seguin, TX 78155	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Seguin, TX 78155	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Seguin, TX 78155	
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	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Seguin, TX 78155	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Lilliwaup, WA 98555	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Lilliwaup, WA 98555	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Lilliwaup, WA 98555	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Lilliwaup, WA 98555	
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Lilliwaup, WA 98555	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Lilliwaup, WA 98555	
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	Amount of Contribution (\$) \$24.00
	Contributor address; City; State; Zip Code San Pablo, CA 94806	
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	Amount of Contribution (\$) \$24.00
	Contributor address; City; State; Zip Code San Pablo, CA 94806	
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	Amount of Contribution (\$) \$24.00
	Contributor address; City; State; Zip Code San Pablo, CA 94806	
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	7 Amount of Contribution (\$) \$24.00
	6 Contributor address; City; State; Zip Code San Pablo, CA 94806	
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	Amount of Contribution (\$) \$24.00
	Contributor address; City; State; Zip Code San Pablo, CA 94806	
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	Amount of Contribution (\$) \$24.00
	Contributor address; City; State; Zip Code San Pablo, CA 94806	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Tucson, AZ 85710	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Tucson, AZ 85710	
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	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Tucson, AZ 85710	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Tucson, AZ 85710	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Tucson, AZ 85710	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Tucson, AZ 85710	
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	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Malden, MA 02148	
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	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Malden, MA 02148	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76179	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76179	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76179	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76179	
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76179	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76179	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76179	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76179	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76179	
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76179	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76179	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76179	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Waterville, WA 98858	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Waterville, WA 98858	
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	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Waterville, WA 98858	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Waterville, WA 98858	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Waterville, WA 98858	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Waterville, WA 98858	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code west marlboro, VT 05363	
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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	7 Payee address; City; 275 Seventh Ave New York, NY 10001	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/28/2025	Payee name Amalgamated Bank	
Amount (\$) \$14.25	Payee address; City; 275 Seventh Ave New York, NY 10001	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/29/2025	Payee name Amalgamated Bank	
Amount (\$) \$14.00	Payee address; City; 275 Seventh Ave New York, NY 10001	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/21 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	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Tacoma, WA 98407	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Carney, Marilyn	Office sought Office held
Date 09/30/2025	Payee name Carney, Marilyn	
Amount (\$) \$20.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Westfield, MA 01085	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Carney, Marilyn	Office sought Office held
Date 09/30/2025	Payee name Carney, Marilyn	
Amount (\$) \$20.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Westfield, MA 01085	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Carney, Marilyn	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/21 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	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Carney, Marilyn	Office sought Office held
Date 09/30/2025	Payee name Carney, Marilyn	
Amount (\$) \$20.00	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Carney, Marilyn	Office sought Office held
Date 09/30/2025	Payee name Carney, Marilyn	
Amount (\$) \$20.00	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Carney, Marilyn	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/21 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	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Westfield, MA 01085	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Carney, Marilyn	Office sought Office held
Date 09/30/2025	Payee name Carney, Marilyn	
Amount (\$) \$10.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Westfield, MA 01085	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Carney, Marilyn	Office sought Office held
Date 09/30/2025	Payee name Carney, Marilyn	
Amount (\$) \$10.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Westfield, MA 01085	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Carney, Marilyn	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/21 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	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Westfield, MA 01085	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Carney, Marilyn	Office sought Office held
Date 09/30/2025	Payee name Carney, Marilyn	
Amount (\$) \$5.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Westfield, MA 01085	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Carney, Marilyn	Office sought Office held
Date 11/26/2025	Payee name Chastain, Marsharee	
Amount (\$) \$10.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Florence, OR 97439	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Carney, Marilyn	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/21 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	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Florence, OR 97439	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
9 Complete ONLY 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	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Florence, OR 97439	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
Complete ONLY 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	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Florence, OR 97439	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/21 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	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Woodland Hills, CA 91364	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
9 Complete ONLY 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	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Fort Worth, TX 76110-2620	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Consulting
Complete ONLY 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	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Richmond, CA 94801	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/21 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	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Richmond, CA 94801	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
9 Complete ONLY 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	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eastpointe, MI 48021	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
Complete ONLY 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	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eastpointe, MI 48021	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/21 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	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eastpointe, MI 48021	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
9 Complete ONLY 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	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eastpointe, MI 48021	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
Complete ONLY 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	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Eastpointe, MI 48021	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/21 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	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 ONLY 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	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 ONLY 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	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/21 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	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 ONLY 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	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 ONLY 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	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/21 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	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 ONLY 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	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/16/2025	Payee name Kahnert, Vonne	
Amount (\$) \$3.00	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/21 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, Vonne	
6 Amount (\$) \$3.00	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Kahnert, Vonne	Office sought Office held
Date 10/16/2025	Payee name Kahnert, Vonne	
Amount (\$) \$5.00	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Kahnert, Vonne	Office sought Office held
Date 10/16/2025	Payee name Kahnert, Vonne	
Amount (\$) \$3.00	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Kahnert, Vonne	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/21 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	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Escondido, CA 92029	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
9 Complete ONLY 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	Payee address; City; State; Zip Code Po Bcx 25 Roberts Creek BC V0N2W0 Canada	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
Complete ONLY 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	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Verona, WI 53593	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Gaithersburg, MD 20878	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
9 Complete ONLY 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	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Tuscon, AZ 85743	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
Complete ONLY 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	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Tuscon, AZ 85743	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/21 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	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Wichita Falls, TX 76302	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
9 Complete ONLY 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	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Redding, CT 06896	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
Complete ONLY 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	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Redding, CT 06896	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/21 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	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Detroit, MI 48207			
<input type="checkbox"/> Expenditure from corporate funds		8 PURPOSE OF EXPENDITURE <table border="0"> <tr> <td>(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement</td> <td>(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 </td> </tr> </table>	(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
(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 ONLY 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	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Detroit, MI 48207			
<input type="checkbox"/> Expenditure from corporate funds		PURPOSE OF EXPENDITURE <table border="0"> <tr> <td>(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement</td> <td>(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 </td> </tr> </table>	(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
(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 ONLY 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	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Jordan, NY 13080			
<input type="checkbox"/> Expenditure from corporate funds		PURPOSE OF EXPENDITURE <table border="0"> <tr> <td>(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement</td> <td>(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 </td> </tr> </table>	(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
(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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/21 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	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 ONLY 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	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 ONLY 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	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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	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 ONLY 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	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 ONLY 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	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/21 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	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held