

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00088213	2 Total pages filed: 83		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Merrie A.			MI		
	NICKNAME LAST Fox			SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2224 Sur Ave			ZIP CODE		
	New Braunfels, TX 78132			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
			Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Randall B.			MI		
	NICKNAME LAST Rice			SUFFIX		
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 3483 SCARLET ROAD		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	SCHERTZ, TX 78154					
7 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 448-2886	EXTENSION			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
THROUGH						
10 ELECTION	ELECTION DATE Month 03/03/2026		ELECTION TYPE			
			<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
		<input type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 73		

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

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13 C / OH NAME	Fox, Merrie A.		14 Filer ID (Ethics Commission Filers) 00088213
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 21,435.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 16,344.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 6,305.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

**17 AFFIDAVIT**

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

Merrie A. Fox

\_\_\_\_\_  
Signature of Candidate or Officeholder

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

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18</b> FILER NAME Fox, Merrie A.	<b>19</b> Filer ID (Ethics Commission Filers) 00088213
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,135.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 16,344.83
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 750.00

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/60 Rpt: 4/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 08/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADEN, MARILYN	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED		<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADEN, MARILYN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADEN, MARILYN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
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#: _____) ADEN, MARILYN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
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#: _____) ADEN, MARILYN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/60 Rpt: 5/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 11/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADEN, MARILYN	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED		<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADEN, MARILYN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
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#: _____) ALEXANDER, JENNIFER	Amount of Contribution (\$) \$4,000.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLSUP, ASHLEA	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Self
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLSUP, ASHLEA	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/60 Rpt: 6/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLSUP, ASHLEA ..... <b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>8</b> Principal occupation / Job title (See Instructions) SAHM	<b>9</b> Employer (See Instructions) Self
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLSUP, ASHLEA ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) SAHM	Employer (See Instructions) Self
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLSUP, ASHLEA ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) SAHM	Employer (See Instructions) Self
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLSUP, ASHLEA ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) SAHM	Employer (See Instructions) Self
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alsdorf, Mary Beth ..... Contributor address; City; State; Zip Code  Dripping Springs, TX 78620	Amount of Contribution (\$) \$14.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/60 Rpt: 7/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 09/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alsdorf, Mary Beth ..... <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED	<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alsdorf, Mary Beth ..... Contributor address; City; State; Zip Code  Dripping Springs, TX 78620	Amount of Contribution (\$) \$15.00
	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#: _____) Alsdorf, Mary Beth ..... Contributor address; City; State; Zip Code  Dripping Springs, TX 78620	Amount of Contribution (\$) \$15.00
	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#: _____) Alsdorf, Mary Beth ..... Contributor address; City; State; Zip Code  Dripping Springs, TX 78620	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alsdorf, Mary Beth ..... Contributor address; City; State; Zip Code  Dripping Springs, TX 78620	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/60 Rpt: 8/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 08/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BALSER, PAMELA	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED		<b>9</b> Employer (See Instructions) NOT EMPLOYED
<b>Date</b> 09/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BALSER, PAMELA	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  CANYON LAKE, TX 78133	
<b>Principal occupation / Job title (See Instructions)</b> NOT EMPLOYED		<b>Employer (See Instructions)</b> NOT EMPLOYED
<b>Date</b> 10/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BALSER, PAMELA	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  CANYON LAKE, TX 78133	
<b>Principal occupation / Job title (See Instructions)</b> NOT EMPLOYED		<b>Employer (See Instructions)</b> NOT EMPLOYED
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BALSER, PAMELA	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  CANYON LAKE, TX 78133	
<b>Principal occupation / Job title (See Instructions)</b> NOT EMPLOYED		<b>Employer (See Instructions)</b> NOT EMPLOYED
<b>Date</b> 12/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BALSER, PAMELA	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  CANYON LAKE, TX 78133	
<b>Principal occupation / Job title (See Instructions)</b> NOT EMPLOYED		<b>Employer (See Instructions)</b> NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/60 Rpt: 9/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 08/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIDGE, BOB	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  DRIPPING SPRINGS, TX 78620	
<b>8</b> Principal occupation / Job title (See Instructions) EXECUTIVE DIRECTOR		<b>9</b> Employer (See Instructions) SOUTHWEST ANGEL NETWORK
<b>Date</b> 11/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIDGE, BOB	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  DRIPPING SPRINGS, TX 78620	
<b>Principal occupation / Job title (See Instructions)</b> EXECUTIVE DIRECTOR		<b>Employer (See Instructions)</b> SOUTHWEST ANGEL NETWORK
<b>Date</b> 12/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIDGE, BOB	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  DRIPPING SPRINGS, TX 78620	
<b>Principal occupation / Job title (See Instructions)</b> EXECUTIVE DIRECTOR		<b>Employer (See Instructions)</b> SOUTHWEST ANGEL NETWORK
<b>Date</b> 10/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIEGER, LEESA	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  FISCHER, TX 78623	
<b>Principal occupation / Job title (See Instructions)</b> NOT EMPLOYED		<b>Employer (See Instructions)</b> NOT EMPLOYED
<b>Date</b> 08/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BUCHANAN, PATIENCE	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  DRIPPING SPRINGS, TX 78620	
<b>Principal occupation / Job title (See Instructions)</b> NOT EMPLOYED		<b>Employer (See Instructions)</b> NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/60 Rpt: 10/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 10/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUCHANAN, PATIENCE	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  DRIPPING SPRINGS, TX 78620	
<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED		<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUCHANAN, PATIENCE	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  DRIPPING SPRINGS, TX 78620	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUCHANAN, PATIENCE	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  DRIPPING SPRINGS, TX 78620	
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#: _____) Bethel, Jerrie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARPENTER, BRUCE	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
Principal occupation / Job title (See Instructions) CONSULTING		Employer (See Instructions) HARBOUR BRIDGE VENTURES, INC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/60 Rpt: 11/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 07/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARPENTER, BRUCE .....  <b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	<b>7</b> Amount of Contribution (\$)  \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) CONSULTING	<b>9</b> Employer (See Instructions) HARBOUR BRIDGE VENTURES, INC
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARPENTER, BRUCE .....  Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	Amount of Contribution (\$)  \$25.00
	Principal occupation / Job title (See Instructions) CONSULTING	Employer (See Instructions) HARBOUR BRIDGE VENTURES, INC
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARPENTER, BRUCE .....  Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	Amount of Contribution (\$)  \$25.00
	Principal occupation / Job title (See Instructions) CONSULTING	Employer (See Instructions) HARBOUR BRIDGE VENTURES, INC
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARPENTER, BRUCE .....  Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	Amount of Contribution (\$)  \$25.00
	Principal occupation / Job title (See Instructions) CONSULTING	Employer (See Instructions) HARBOUR BRIDGE VENTURES, INC
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARPENTER, BRUCE .....  Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	Amount of Contribution (\$)  \$25.00
	Principal occupation / Job title (See Instructions) CONSULTING	Employer (See Instructions) HARBOUR BRIDGE VENTURES, INC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/60 Rpt: 12/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 08/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLLINS, SUZY	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED		<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOPER, JONATHAN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
Principal occupation / Job title (See Instructions) ARCHITECT		Employer (See Instructions) Fs3HODGES
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOPER, JONATHAN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
Principal occupation / Job title (See Instructions) ARCHITECT		Employer (See Instructions) Fs3HODGES
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOPER, JONATHAN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
Principal occupation / Job title (See Instructions) ARCHITECT		Employer (See Instructions) Fs3HODGES
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOPER, JONATHAN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
Principal occupation / Job title (See Instructions) ARCHITECT		Employer (See Instructions) Fs3HODGES

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/60 Rpt: 13/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 10/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOPER, Jonathan	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
<b>8</b> Principal occupation / Job title (See Instructions) Architect		<b>9</b> Employer (See Instructions) Fs3Hodges
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COPPOCK, KRISTEN	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Dianna	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Dianna	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
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#: _____) Chew, Jim	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/60 Rpt: 14/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 07/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childers, Gayle	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  New Braunfles, TX 78132	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 08/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Childers, Gayle	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfles, TX 78132	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 09/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Childers, Gayle	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfles, TX 78132	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 10/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Childers, Gayle	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfles, TX 78132	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 11/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Childers, Gayle	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfles, TX 78132	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/60 Rpt: 15/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 12/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childers, Gayle	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  New Braunfles, TX 78132	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cosgrove, Kathryn	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Canyon Lake, TX 78133	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIEBEL, NANCY	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
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#: _____) DIEBEL, NANCY	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIEBEL, NANCY	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/60 Rpt: 16/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 11/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIEBEL, NANCY ..... <b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED	<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIEBEL, NANCY ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIEBEL, NANCY ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIEBEL, NANCY ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIEBEL, NANCY ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$200.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/60 Rpt: 17/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 10/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIEBEL, Nancy	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUBAZ, WANDA	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
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#: _____) DUBAZ, WANDA	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUBAZ, WANDA	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
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#: _____) DUBAZ, WANDA	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/60 Rpt: 18/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUBAZ, WANDA	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED		<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUBAZ, WANDA	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
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#: _____) DURAND, JOHN	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DURAND, MARY	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DURAND, MARY	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/60 Rpt: 19/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 10/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DURAND, MARY ..... <b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED	<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DURAND, MARY ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DURAND, MARY ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUVAL, SALLY ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78737	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) MANAGER	Employer (See Instructions) COLTEX PETROLEUM, INC
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUVAL, SALLY ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78737	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) MANAGER	Employer (See Instructions) COLTEX PETROLEUM, INC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/60 Rpt: 20/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 09/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUVAL, SALLY	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78737	
<b>8</b> Principal occupation / Job title (See Instructions) MANAGER		<b>9</b> Employer (See Instructions) COLTEX PETROLEUM, INC
<b>Date</b> 10/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) DUVAL, SALLY	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  AUSTIN, TX 78737	
<b>Principal occupation / Job title (See Instructions)</b> MANAGER		<b>Employer (See Instructions)</b> COLTEX PETROLEUM, INC
<b>Date</b> 11/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) DUVAL, SALLY	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  AUSTIN, TX 78737	
<b>Principal occupation / Job title (See Instructions)</b> MANAGER		<b>Employer (See Instructions)</b> COLTEX PETROLEUM, INC
<b>Date</b> 12/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) DUVAL, SALLY	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  AUSTIN, TX 78737	
<b>Principal occupation / Job title (See Instructions)</b> MANAGER		<b>Employer (See Instructions)</b> COLTEX PETROLEUM, INC
<b>Date</b> 09/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Deane, Roxanna	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Canyon Lake, TX 78133	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/60 Rpt: 21/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 07/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doe, Jennie ..... <b>6</b> Contributor address; City; State; Zip Code  Spring Branch, TX 78070	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>8</b> Principal occupation / Job title (See Instructions) CPA, CFE	<b>9</b> Employer (See Instructions) Self
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Doe, Jennie ..... <b>Contributor address; City; State; Zip Code</b>  Spring Branch, TX 78070	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> CPA, CFE	<b>Employer (See Instructions)</b> Self
<b>Date</b> 09/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Doe, Jennie ..... <b>Contributor address; City; State; Zip Code</b>  Spring Branch, TX 78070	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> CPA, CFE	<b>Employer (See Instructions)</b> Self
<b>Date</b> 10/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Doe, Jennie ..... <b>Contributor address; City; State; Zip Code</b>  Spring Branch, TX 78070	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> CPA, CFE	<b>Employer (See Instructions)</b> Self
<b>Date</b> 11/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Doe, Jennie ..... <b>Contributor address; City; State; Zip Code</b>  Spring Branch, TX 78070	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> CPA, CFE	<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/60 Rpt: 22/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doe, Jennie	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Spring Branch, TX 78070	
<b>8</b> Principal occupation / Job title (See Instructions) CPA, CFE		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 12/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominguez, Rene Nathan	<b>Amount of Contribution (\$)</b> \$1.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfels, TX 78130	
<b>Principal occupation / Job title (See Instructions)</b> Teacher		<b>Employer (See Instructions)</b> Judson ISD
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Dugan, Robert	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfels, TX 78130	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 11/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Dugan, Robert	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfels, TX 78130	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 12/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Dugan, Robert	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfels, TX 78130	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/60 Rpt: 23/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 09/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ervin, David & Sandra	<b>7</b> Amount of Contribution (\$) \$300.00
	<b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED		<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farlow, Kim	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farlow, Kim	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farlow, Kim	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farlow, Kim	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/60 Rpt: 24/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 11/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farlow, Kim	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 12/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Farlow, Kim	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfels, TX 78130	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 11/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox4SD25	<b>Amount of Contribution (\$)</b> \$750.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfels, TX 78132	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 08/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GRANTHAM, LISA	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  WIMBERLEY, TX 78676	
<b>Principal occupation / Job title (See Instructions)</b> NOT EMPLOYED		<b>Employer (See Instructions)</b> NOT EMPLOYED
<b>Date</b> 08/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gavrilov, Mabel	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78232	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/60 Rpt: 25/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 07/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gavrilov, Mabel	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78232	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 09/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gavrilov, Mabel	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78232	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gavrilov, Mabel	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78232	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 11/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gavrilov, Mabel	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78232	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 12/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gavrilov, Mabel	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78232	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/60 Rpt: 26/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 09/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groves, Gail	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulick, Anne	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
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#: _____) Gulick, Anne	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
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#: _____) Gulick, Anne	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
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#: _____) Gulick, Anne	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/60 Rpt: 27/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 10/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulick, Anne ..... <b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>8</b> Principal occupation / Job title (See Instructions) Not Employed	<b>9</b> Employer (See Instructions) Not Employed
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulick, Anne ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulick, Anne ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulick, Anne ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$) \$200.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, JANE ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/60 Rpt: 28/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 08/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANSEN, BARRETT ..... <b>6</b> Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED	<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANSEN, BARRETT ..... Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANSEN, BARRETT ..... Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANSEN, BARRETT ..... Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANSEN, BARRETT ..... Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/60 Rpt: 29/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 07/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapral, Lucinda ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737	<b>7</b> Amount of Contribution (\$) \$6.00
	<b>8</b> Principal occupation / Job title (See Instructions) Retired	<b>9</b> Employer (See Instructions) Army
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapral, Lucinda ..... Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$) \$6.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Army
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapral, Lucinda ..... Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$) \$6.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Army
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapral, Lucinda ..... Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$) \$6.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Army
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapral, Lucinda ..... Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$) \$6.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Army

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/60 Rpt: 30/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 12/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapral, Lucinda	<b>7</b> Amount of Contribution (\$) \$6.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Army
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelter, Donna	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Bulverde, TX 78163	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) VWCA
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerr, Diane	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirtley, Kerry	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Boerne, TX 78006	
Principal occupation / Job title (See Instructions) Chaplain		Employer (See Instructions) University Hospital SA
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kron, Carla and Tom	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/60 Rpt: 31/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 07/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kron, Carla and Tom ..... <b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions) Not Employed	<b>9</b> Employer (See Instructions) Not Employed
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kron, Carla and Tom ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kron, Carla and Tom ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kron, Carla and Tom ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kron, Carla and Tom ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/60 Rpt: 32/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 08/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAAKMAN, FRAN ..... <b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED	<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAAKMAN, FRAN ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAAKMAN, FRAN ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAAKMAN, FRAN ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAAKMAN, FRAN ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/60 Rpt: 33/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 12/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAAKMAN, FRAN	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED		<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langfield, Chris	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
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#: _____) Leitch, Bonnie	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
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#: _____) Lewis, Dakota	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Bulverde, TX 78163	
Principal occupation / Job title (See Instructions) Team Member		Employer (See Instructions) Whataburger
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lira, Leonard	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Spring Branch, TX 78070	
Principal occupation / Job title (See Instructions) Higher Education		Employer (See Instructions) San Antonio College

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/60 Rpt: 34/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 07/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lira, Leonard	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  Spring Branch, TX 78070	
<b>8</b> Principal occupation / Job title (See Instructions) Higher Education		<b>9</b> Employer (See Instructions) San Antonio College
<b>Date</b> 09/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lira, Leonard	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Spring Branch, TX 78070	
<b>Principal occupation / Job title (See Instructions)</b> Higher Education		<b>Employer (See Instructions)</b> San Antonio College
<b>Date</b> 10/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lira, Leonard	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Spring Branch, TX 78070	
<b>Principal occupation / Job title (See Instructions)</b> Higher Education		<b>Employer (See Instructions)</b> San Antonio College
<b>Date</b> 11/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lira, Leonard	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Spring Branch, TX 78070	
<b>Principal occupation / Job title (See Instructions)</b> Higher Education		<b>Employer (See Instructions)</b> San Antonio College
<b>Date</b> 12/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lira, Leonard	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Spring Branch, TX 78070	
<b>Principal occupation / Job title (See Instructions)</b> Higher Education		<b>Employer (See Instructions)</b> San Antonio College

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/60 Rpt: 35/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 12/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke, Victoria	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Joseph	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Joseph	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Joseph	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Joseph	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/60 Rpt: 36/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 08/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MADERE, WESLEY	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  SPRING BRANCH, TX 78070	
<b>8</b> Principal occupation / Job title (See Instructions) PROGRAMMER		<b>9</b> Employer (See Instructions) SELF
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MADERE, WESLEY	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  SPRING BRANCH, TX 78070	
Principal occupation / Job title (See Instructions) PROGRAMMER		Employer (See Instructions) SELF
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MADERE, WESLEY	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  SPRING BRANCH, TX 78070	
Principal occupation / Job title (See Instructions) PROGRAMMER		Employer (See Instructions) SELF
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MADERE, WESLEY	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  SPRING BRANCH, TX 78070	
Principal occupation / Job title (See Instructions) PROGRAMMER		Employer (See Instructions) SELF
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MADERE, WESLEY	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  SPRING BRANCH, TX 78070	
Principal occupation / Job title (See Instructions) PROGRAMMER		Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/60 Rpt: 37/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MADERE, WESLEY	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  SPRING BRANCH, TX 78070	
<b>8</b> Principal occupation / Job title (See Instructions) PROGRAMMER		<b>9</b> Employer (See Instructions) SELF
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCULLOUGH, NORA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCNEELY, NANCY	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCNEELY, NANCY	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCNEELY, NANCY	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/60 Rpt: 38/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCNEELY, NANCY	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED		<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCNEELY, NANCY	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTGOMERY, LINDA	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
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#: _____) MONTGOMERY, LINDA	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTGOMERY, LINDA	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/60 Rpt: 39/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTGOMERY, LINDA ..... <b>6</b> Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED	<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTGOMERY, LINDA ..... Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	Amount of Contribution (\$) \$25.00
	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#: _____) MONTGOMERY, LINDA ..... Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTGOMERY, LINDA ..... Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marinelli, Russell ..... Contributor address; City; State; Zip Code  Blanco, TX 78606	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Mailman	Employer (See Instructions) Double M Logistics

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/60 Rpt: 40/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 11/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCord, Lynn	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
<b>8</b> Principal occupation / Job title (See Instructions) Underwriting Officer		<b>9</b> Employer (See Instructions) Travelers
<b>Date</b> 09/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Aleta	<b>Amount of Contribution (\$)</b> \$350.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfels, TX 78130	
<b>Principal occupation / Job title (See Instructions)</b> NOT EMPLOYED		<b>Employer (See Instructions)</b> NOT EMPLOYED
<b>Date</b> 07/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Jane	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Spring Branch, TX 78070	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 10/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Jane	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Spring Branch, TX 78070	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 09/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) NELSON, DEBRA	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  NEW BRAUNFELS, TX 78132	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/60 Rpt: 41/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 10/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NELSON, DEBRA ..... <b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) RETIRED
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NELSON, DEBRA ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NELSON, DEBRA ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naiser, Cathy ..... Contributor address; City; State; Zip Code  Canyon Lake, TX 78133	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Realtor	Employer (See Instructions) Keller Williams
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naiser, Cathy ..... Contributor address; City; State; Zip Code  Canyon Lake, TX 78133	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Realtor	Employer (See Instructions) Keller Williams

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/60 Rpt: 42/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naiser, Cathy	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Canyon Lake, TX 78133	
<b>8</b> Principal occupation / Job title (See Instructions) Realtor		<b>9</b> Employer (See Instructions) Keller Williams
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naiser, Cathy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Canyon Lake, TX 78133	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Keller Williams
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naiser, Cathy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Canyon Lake, TX 78133	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Keller Williams
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Lisa	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Jacques & Margaret	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/60 Rpt: 43/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 10/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborne, Stacey	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Ford Osborne & Associates
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PADGETT, LORETTA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PADGETT, LORETTA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PADGETT, LORETTA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PADGETT, LORETTA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/60 Rpt: 44/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PADGETT, LORETTA	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PADGETT, LORETTA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK, TERESA	Amount of Contribution (\$) \$31.00
	Contributor address; City; State; Zip Code  BULVERDE , TX 78163	
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#: _____) PATRICK, TERESA	Amount of Contribution (\$) \$31.00
	Contributor address; City; State; Zip Code  BULVERDE , TX 78163	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK, TERESA	Amount of Contribution (\$) \$31.00
	Contributor address; City; State; Zip Code  BULVERDE , TX 78163	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/60 Rpt: 45/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 10/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK, TERESA ..... <b>6</b> Contributor address; City; State; Zip Code  BULVERDE , TX 78163	<b>7</b> Amount of Contribution (\$) \$31.00
	<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED	<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK, TERESA ..... Contributor address; City; State; Zip Code  BULVERDE , TX 78163	Amount of Contribution (\$) \$31.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK, TERESA ..... Contributor address; City; State; Zip Code  BULVERDE , TX 78163	Amount of Contribution (\$) \$31.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK, TERESA ..... Contributor address; City; State; Zip Code  BULVERDE , TX 78163	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEDRAZAS, SANDRA ..... Contributor address; City; State; Zip Code  WIMBERLEY, TX 78676	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/60 Rpt: 46/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 09/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEDRAZAS, SANDRA ..... <b>6</b> Contributor address; City; State; Zip Code  WIMBERLEY, TX 78676	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED	<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEDRAZAS, SANDRA ..... Contributor address; City; State; Zip Code  WIMBERLEY, TX 78676	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEDRAZAS, SANDRA ..... Contributor address; City; State; Zip Code  WIMBERLEY, TX 78676	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEDRAZAS, SANDRA ..... Contributor address; City; State; Zip Code  WIMBERLEY, TX 78676	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRICE, KAREN ..... Contributor address; City; State; Zip Code  SPRING BRANCH, TX 78070	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) COUNSELOR	Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/60 Rpt: 47/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 12/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petmecky, Aleah	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Navarro ISD
<b>Date</b> 07/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Petmecky, Troy	<b>Amount of Contribution (\$)</b> \$70.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfels, TX 78130	
<b>Principal occupation / Job title (See Instructions)</b> Paramedic		<b>Employer (See Instructions)</b> Austin Radiology Associates
<b>Date</b> 07/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Poffenberger, MV	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Canyon Lake, TX 78133	
<b>Principal occupation / Job title (See Instructions)</b> Artist		<b>Employer (See Instructions)</b> Self
<b>Date</b> 09/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Poffenberger, MV	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfels, TX 78132	
<b>Principal occupation / Job title (See Instructions)</b> Artist		<b>Employer (See Instructions)</b> Self
<b>Date</b> 10/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Poffenberger, MV	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfels, TX 78132	
<b>Principal occupation / Job title (See Instructions)</b> Artist		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/60 Rpt: 48/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 11/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poffenberger, MV	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
<b>8</b> Principal occupation / Job title (See Instructions) Artist		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Poffenberger, MV	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfels, TX 78132	
<b>Principal occupation / Job title (See Instructions)</b> Artist		<b>Employer (See Instructions)</b> Self
<b>Date</b> 09/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) RUPP, STEPHEN	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  SPRING BRANCH, TX 78070	
<b>Principal occupation / Job title (See Instructions)</b> PHARMACIST		<b>Employer (See Instructions)</b> UHS
<b>Date</b> 08/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) RUPP, STEPHEN	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  SPRING BRANCH, TX 78070	
<b>Principal occupation / Job title (See Instructions)</b> PHARMACIST		<b>Employer (See Instructions)</b> UHS
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) RUPP, STEPHEN	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  SPRING BRANCH, TX 78070	
<b>Principal occupation / Job title (See Instructions)</b> PHARMACIST		<b>Employer (See Instructions)</b> UHS

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/60 Rpt: 49/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 10/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUPP, STEPHEN	<b>7</b> Amount of Contribution (\$) \$30.00
	<b>6</b> Contributor address; City; State; Zip Code  SPRING BRANCH, TX 78070	
<b>8</b> Principal occupation / Job title (See Instructions) PHARMACIST		<b>9</b> Employer (See Instructions) UHS
<b>Date</b> 11/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) RUPP, STEPHEN	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  SPRING BRANCH, TX 78070	
<b>Principal occupation / Job title (See Instructions)</b> PHARMACIST		<b>Employer (See Instructions)</b> UHS
<b>Date</b> 12/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) RUPP, STEPHEN	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  SPRING BRANCH, TX 78070	
<b>Principal occupation / Job title (See Instructions)</b> PHARMACIST		<b>Employer (See Instructions)</b> UHS
<b>Date</b> 07/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) RUPP, STEPHEN	<b>Amount of Contribution (\$)</b> \$33.00
	<b>Contributor address; City; State; Zip Code</b>  SPRING BRANCH, TX 78070	
<b>Principal occupation / Job title (See Instructions)</b> PHARMACIST		<b>Employer (See Instructions)</b> UHS
<b>Date</b> 09/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Regan, Theresa	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfels, TX 78132	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/60 Rpt: 50/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 10/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regan, Theresa ..... <b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>8</b> Principal occupation / Job title (See Instructions) Not Employed	<b>9</b> Employer (See Instructions) Not Employed
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regan, Theresa ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regan, Theresa ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, John ..... Contributor address; City; State; Zip Code  Cibolo, TX 78108	Amount of Contribution (\$) \$200.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutledge, Kathryn ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/60 Rpt: 51/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 08/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDATE, IRMA ..... <b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) RETIRED
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDATE, IRMA ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDATE, IRMA ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDATE, IRMA ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDATE, IRMA ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/60 Rpt: 52/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 08/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHARP, DIANA ..... <b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED	<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHARP, DIANA ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SILVER, Lynn ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SILVER, Lynn ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SILVER, Lynn ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/60 Rpt: 53/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 10/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SILVER, Lynn	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 11/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SILVER, Lynn	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfels, TX 78132	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SILVER, Lynn	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfels, TX 78132	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 12/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SILVERFINE OTT, EVA	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  San Marcos, TX 78666	
<b>Principal occupation / Job title (See Instructions)</b> Editor		<b>Employer (See Instructions)</b> Editor
<b>Date</b> 10/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMMONS, KATHY	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  CANYON LAKE, TX 78133	
<b>Principal occupation / Job title (See Instructions)</b> NOT EMPLOYED		<b>Employer (See Instructions)</b> NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/60 Rpt: 54/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skillman, Mary	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Wimberley, TX 78676	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 10/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Skillman, Mary	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Wimberley, TX 78676	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 11/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Skillman, Mary	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Wimberley, TX 78676	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 12/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Skillman, Mary	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Wimberley, TX 78676	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 07/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubel, Diane	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfels, TX 78132	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/60 Rpt: 55/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 07/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubel, Diane	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suberg, Renae	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Canyon Lake, TX 78133	
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#: _____) Suberg, Renae	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Canyon Lake, TX 78133	
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#: _____) TAYLOR, LAUREL	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
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#: _____) TAYLOR, LAUREL	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/60 Rpt: 56/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 09/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, LAUREL	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED		<b>9</b> Employer (See Instructions) NOT EMPLOYED
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, LAUREL	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  CANYON LAKE, TX 78133	
<b>Principal occupation / Job title (See Instructions)</b> NOT EMPLOYED		<b>Employer (See Instructions)</b> NOT EMPLOYED
<b>Date</b> 11/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, LAUREL	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  CANYON LAKE, TX 78133	
<b>Principal occupation / Job title (See Instructions)</b> NOT EMPLOYED		<b>Employer (See Instructions)</b> NOT EMPLOYED
<b>Date</b> 12/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, LAUREL	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  CANYON LAKE, TX 78133	
<b>Principal occupation / Job title (See Instructions)</b> NOT EMPLOYED		<b>Employer (See Instructions)</b> NOT EMPLOYED
<b>Date</b> 10/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, KIMBERLY	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  CANYON LAKE, TX 78133	
<b>Principal occupation / Job title (See Instructions)</b> NOT EMPLOYED		<b>Employer (See Instructions)</b> NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/60 Rpt: 57/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 07/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREECE, DEBORAH	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  DRIPPING SPRINGS, TX 78620-3942	
<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED		<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TUCKER, PATRICIA	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tate, TOBI	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Canyon Lake, TX 78133	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Majority PAC	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code  Austin, TX 78761	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) URBAN, TONI	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CANYON, TX 78133	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/60 Rpt: 58/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 07/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) URBAN, TONI ..... <b>6</b> Contributor address; City; State; Zip Code  CANYON, TX 78133	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) RETIRED
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) URBAN, TONI ..... Contributor address; City; State; Zip Code  CANYON, TX 78133	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VELEZ-BEGNOCHE, WANDA ..... Contributor address; City; State; Zip Code  BULVERDE, TX 78163	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARDE, SANDI ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARDE, SANDI ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/60 Rpt: 59/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 09/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARDE, SANDI	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED		<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARDE, SANDI	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
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#: _____) WARDE, SANDI	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
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#: _____) WARDE, SANDI	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
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#: _____) WARREN, MARY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/60 Rpt: 60/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 09/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARREN, MARY ..... <b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED	<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARREN, MARY ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARREN, MARY ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARREN, MARY ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARREN, MARY ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/60 Rpt: 61/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 09/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARREN, MARY	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED		<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WESSON, CYNTHIA	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  DRIPPING SPRINGS, TX 78620	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) WESSON
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WESSON, CYNTHIA	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  DRIPPING SPRINGS, TX 78620	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) WESSON
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WESSON, CYNTHIA	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  DRIPPING SPRINGS, TX 78620	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) WESSON
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WESSON, CYNTHIA	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  DRIPPING SPRINGS, TX 78620	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) WESSON

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/60 Rpt: 62/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WESSON, CYNTHIA .....  <b>6</b> Contributor address; City; State; Zip Code  DRIPPING SPRINGS, TX 78620	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) WESSON
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WESSON, CYNTHIA .....  Contributor address; City; State; Zip Code  DRIPPING SPRINGS, TX 78620	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) WESSON
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOLVERTON, DONNA .....  Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 07/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOLVERTON, DONNA .....  Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOLVERTON, DONNA .....  Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/60 Rpt: 63/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 10/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOLVERTON, DONNA ..... <b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED	<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOLVERTON, DONNA ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOLVERTON, DONNA ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) NOT EMPLOYED	Employer (See Instructions) NOT EMPLOYED
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard, David ..... Contributor address; City; State; Zip Code  Spring Branch, TX 78070	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) RETIRED

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 64/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
<b>5</b> Date 09/08/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fox, Brian ..... <b>7</b> Contributor address; City; State; Zip Code  Kyle, TX 78640	<b>8</b> Amount of contribution (\$) <b>9</b> In-kind contribution description \$300.00 photos/headshots  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) Retired
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 1/18 Rpt: 65/83	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 12/31/2025	5 Payee name ActBlue	
6 Amount (\$) \$773.34	7 Payee address; City; PO Box 441146  Somerville, ME 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/28/2025	Payee name Amazon.com	
Amount (\$) \$39.98	Payee address; City; 325 9th Ave. N.  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 school supplies for back to school event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/22/2025	Payee name Amazon.com	
Amount (\$) \$47.60	Payee address; City; 325 9th Ave. N.  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
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: 2/18 Rpt: 66/83	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 08/25/2025	5 Payee name Amazon.com	
6 Amount (\$) \$45.42	7 Payee address; City; State; Zip Code 325 9th Ave. N.  Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 name tags, markers, card holders for events
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	Payee name Brandt, Kelsey	
Amount (\$) \$200.00	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense using VAN database for phone banking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name Buzz Marketing	
Amount (\$) \$515.00	Payee address; City; State; Zip Code 1350 S. Greenfield Rd Unit 2077 Mesa, AZ 85206	
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 SEO optimization
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: 3/18 Rpt: 67/83	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 08/08/2025	5 Payee name CAT 5 GRAPHICS	
6 Amount (\$) \$1,575.27	7 Payee address; City; 1400 FM 1518 A2 SCHERTZ, TX 78154	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 campaign t-shirts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name CAT 5 GRAPHICS	
Amount (\$) \$1,418.42	Payee address; City; 1400 FM 1518 A2 SCHERTZ, TX 78154	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 campaign t-shirts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name Cates Legal Group	
Amount (\$) \$1,000.00	Payee address; City; 20210 Silver Storm  San Antonio, TX 78259	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense legal services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/18 Rpt: 68/83	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 12/24/2025	5 Payee name Circle Arts Theatre	
6 Amount (\$) \$600.00	7 Payee address; City; 124 Elizabeth Ave  New Braunfels, TX 78130	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 program ad for 2026 season
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/01/2025	Payee name Constant Contact	
Amount (\$) \$380.64	Payee address; City; 890 Winter Street Suite 300 Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 communication software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/31/2025	Payee name Courtyard Austin/Domain Area	
Amount (\$) \$300.26	Payee address; City; 9409 Stonelake Blvd  Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

# 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: 5/18 Rpt: 69/83	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 08/01/2025	5 Payee name Courtyard Austin/Domain Area	
6 Amount (\$) \$300.26	7 Payee address; City; 9409 Stonelake Blvd  Austin, TX 78759	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for conference
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/15/2025	Payee name Courtyard Austin/Domain Area	
Amount (\$) \$6.01	Payee address; City; 9409 Stonelake Blvd  Austin, TX 78759	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food and beverage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/01/2025	Payee name FROST BANK	
Amount (\$) \$35.00	Payee address; City; 315 LANDA  NEW BRAUNFELS, TX 78130	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense overdraft 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: 6/18 Rpt: 70/83	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 11/24/2025	5 Payee name FROST BANK	
6 Amount (\$) \$15.00	7 Payee address; City; 315 LANDA  NEW BRAUNFELS, TX 78130	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wire fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/17/2025	Payee name Hays County Dems	
Amount (\$) \$100.00	Payee address; City; 215 W San Antonio St  San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration fee to attend the LBJ Birthday Bash
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/11/2025	Payee name Herald-Zeitung Newspaper	
Amount (\$) \$129.38	Payee address; City; 549 Landa St  New Braunfels, TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 ad in the football insert
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/18 Rpt: 71/83	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 09/26/2025	5 Payee name Hill Country Alliance	
6 Amount (\$) \$150.00	7 Payee address; City; 1322 West Hwy 290  Dripping Springs, TX 78620	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration fee to attend seminar
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Mothers Against Greg Abbott	Office sought Office held
Date 07/28/2025	Payee name Mothers Against Greg Abbott	
Amount (\$) \$200.00	Payee address; City; PO Box 27881  Austin , TX 78755	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for me campaign manager and I to attend the Rise Candidate Conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name New Braunfels Signs and Design	Office sought Office held
Date 11/25/2025	Payee name New Braunfels Signs and Design	
Amount (\$) \$325.00	Payee address; City; 1229 Industrial  New Braunfels, TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense design for parade banners
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: 8/18 Rpt: 72/83	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 12/09/2025	5 Payee name New Braunfels Signs and Design	
6 Amount (\$) \$603.06	7 Payee address; City; State; Zip Code 1229 Industrial  New Braunfels, TX 78130	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 parade banners
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/31/2025	Payee name OFFICE DEPOT #472	
Amount (\$) \$188.36	Payee address; City; State; Zip Code 1050 IH 35 #800 NEW BRAUNFELS, TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 posters
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/29/2025	Payee name Oriental Trading	
Amount (\$) \$57.18	Payee address; City; State; Zip Code 5455 S 90th St  Omaha, NE 68127	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 school supplies for back to school event
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: 9/18 Rpt: 73/83	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 08/21/2025	5 Payee name PRESTIGE PRINT	
6 Amount (\$) \$184.03	7 Payee address; City; 8 BURWOOD LN  SAN ANTONIO, TX 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 push cards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/28/2025	Payee name PRESTIGE PRINT	
Amount (\$) \$351.81	Payee address; City; 8 BURWOOD LN  SAN ANTONIO, TX 78216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 push cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/10/2025	Payee name PRESTIGE PRINT	
Amount (\$) \$351.81	Payee address; City; 8 BURWOOD LN  SAN ANTONIO, TX 78216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 push cards
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: 10/18 Rpt: 74/83	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 11/07/2025	5 Payee name Pope, Gavin	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Canyon Lake, TX 78133	
8 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 web design
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/08/2025	Payee name Snider, Heather (Ms.)	
Amount (\$) \$716.84	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Schertz, TX 78154	
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 campaign contract work
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/06/2025	Payee name Snider, Heather (Ms.)	
Amount (\$) \$737.70	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Schertz, TX 78154	
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 campaign contract work
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: 11/18 Rpt: 75/83	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 09/05/2025	5 Payee name Snider, Heather (Ms.)	
6 Amount (\$) \$500.20	7 Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Schertz, TX 78154	
8 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 campaign contract work
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name Snider, Heather (Ms.)	
Amount (\$) \$845.40	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Schertz, TX 78154	
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 campaign contract work
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/06/2025	Payee name Snider, Heather (Ms.)	
Amount (\$) \$574.27	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Schertz, TX 78154	
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 campaign contract work
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: 12/18 Rpt: 76/83	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 12/02/2025	5 Payee name Snider, Heather (Ms.)	
6 Amount (\$) \$337.50	7 Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Schertz, TX 78154	
8 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 campaign logistics and clerical
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/23/2025	Payee name Snider, Heather (Ms.)	
Amount (\$) \$400.00	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Schertz, TX 78154	
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 campaign logistics and clerical
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name Star Awards	
Amount (\$) \$37.35	Payee address; City; State; Zip Code  1500 I-35 South  New Braunfels, TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 magnet nametags
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: 13/18 Rpt: 77/83	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213	
4 Date 07/28/2025	5 Payee name TEMU		
6 Amount (\$) \$113.13	7 Payee address; City; 31 St. James Ave  Boston, ME 02116	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 school supplies for back to school event	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/09/2025	Payee name Texas Democratic Party		
Amount (\$) \$750.00	Payee address; City; PO Box 15707  Austin , TX 78761	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense candidate filing fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/20/2025	Payee name Texas Impact		
Amount (\$) \$160.00	Payee address; City; 200 East 30th St  Austin , TX 78705	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration fee to attend Women of Faith conference	
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: 14/18 Rpt: 78/83	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213	
4 Date 09/19/2025	5 Payee name UPS Store		
6 Amount (\$) \$7.79	7 Payee address; City; 17460 I-35N Ste 430 New Braunfels, TX 78132	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 copies	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/12/2025	Payee name USPS		
Amount (\$) \$78.00	Payee address; City; 651 N Business I-35 Suite 420 New Braunfels, TX 78130	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 stamps for postcards	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/23/2025	Payee name USPS		
Amount (\$) \$183.00	Payee address; City; 651 N Business I-35 Suite 420 New Braunfels, TX 78130	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 stamps for postcards	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/18 Rpt: 79/83	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 09/22/2025	5 Payee name Upwork	
6 Amount (\$) \$324.99	7 Payee address; City; State; Zip Code 475 Brannan St  San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense social media support
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/10/2025	Payee name WALMART #3391	
Amount (\$) \$32.18	Payee address; City; State; Zip Code 6102 FM 3009  SCHERTZ, TX 78154	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 snacks for event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/23/2025	Payee name WALMART #3391	
Amount (\$) \$32.18	Payee address; City; State; Zip Code 6102 FM 3009  SCHERTZ, TX 78154	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
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: 16/18 Rpt: 80/83	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 10/01/2025	5 Payee name WALMART #865	
6 Amount (\$) \$12.81	7 Payee address; City; State; Zip Code 1209 I-35 South  New Braunfels, TX 78130	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/01/2025	Payee name Zoom.com	
Amount (\$) \$18.11	Payee address; City; State; Zip Code 55 Almaden Blvd 6th Floor San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online meeting platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Zoom.com	
Amount (\$) \$18.11	Payee address; City; State; Zip Code 55 Almaden Blvd 6th Floor San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online meeting platform
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: 17/18 Rpt: 81/83	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 09/02/2025	5 Payee name Zoom.com	
6 Amount (\$) \$18.11	7 Payee address; City; 55 Almaden Blvd 6th Floor San Jose, CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online meeting platform
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name Zoom.com	
Amount (\$) \$18.11	Payee address; City; 55 Almaden Blvd 6th Floor San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online meeting platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name Zoom.com	
Amount (\$) \$18.11	Payee address; City; 55 Almaden Blvd 6th Floor San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online meeting platform
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: 18/18 Rpt: 82/83	2 FILER NAME Fox, Merrie A.	3 Filer ID (Ethics Commission Filers) 00088213
4 Date 12/01/2025	5 Payee name Zoom.com	
6 Amount (\$) \$18.11	7 Payee address; City; 55 Almaden Blvd 6th Floor San Jose, CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online platform used to communicate with volunteers and constituents
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 83/83
<b>2</b> FILER NAME Fox, Merrie A.		<b>3</b> Filer ID (Ethics Commission Filers) 00088213
<b>4</b> Date 08/01/2025	<b>5</b> Name of person from whom amount is received Courtyard Austin/Domain Area .....  <b>6</b> Address of person from whom amount is received; City; State; Zip Code  Austin, TX 78759	<b>8</b> Amount (\$) \$750.00
	<b>7</b> Purpose for which amount is received refund for conference hotel room no longer needed	<input type="checkbox"/> Check if political contribution returned to filer