

**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) 00042130	2 Total pages filed: 141		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST The Honorable Donna S.	MI	OFFICE USE ONLY		
	NICKNAME	LAST Howard	SUFFIX	Date Received ELECTRONICALLY FILED 01/12/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 5375 Austin, TX 78763			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Ms. Donna	MI			
	NICKNAME	LAST Howard	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); P.O. Box 5375 Austin, TX 78763		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (737) 231-0062					
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
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		<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) State Representative District 48			12 OFFICE SOUGHT (if known) State Representative District 48		

GO TO PAGE 2

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

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

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13 C / OH NAME	Howard, Donna S. (The Honorable)		14 Filer ID (Ethics Commission Filers) 00042130
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. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 34,329.43
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 72,004.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 90,649.27
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.

The Honorable Donna S. Howard

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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18 FILER NAME Howard, Donna S. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00042130
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input type="checkbox"/> SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
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	
SUBTOTAL AMOUNT	
\$ 34,329.43	
\$	
\$	
\$	
\$	
\$ 72,004.61	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$ 1,343.43	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/86 Rpt: 4/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 12/05/2025	5 Full name of contributor ABBVIE PAC	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code Chicago, IL 60064	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/07/2025	Full name of contributor Ahlgren, Carol	Amount of Contribution (\$) \$4.43
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/07/2025	Full name of contributor Ahlgren, Carol	Amount of Contribution (\$) \$4.43
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2025	Full name of contributor Allen, Debbie	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Taos, NM 87471	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2025	Full name of contributor Allen, Debbie	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Taos, NM 87471	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/86 Rpt: 5/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ausley, Robbie	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ausley, Robbie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
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#: _____) Ausley, Tom & Robbie	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Gary	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Sunnyvale, CA 94087	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Gary	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Sunnyvale, CA 94087	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/86 Rpt: 6/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor Bailey, Gary	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Sunnyvale, CA 94087	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/13/2025	Full name of contributor Bailey, Gary	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Sunnyvale, CA 94087	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor Ball, Diana	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor Ball, Diana	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/01/2025	Full name of contributor Ballard, Paul	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/86 Rpt: 7/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/24/2025	5 Full name of contributor Barho, Rae	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78739	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/24/2025	Full name of contributor Barho, Rae	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/07/2025	Full name of contributor Barnes, Jennifer	Amount of Contribution (\$) \$2.15
	Contributor address; City; State; Zip Code Austin, TX 78660	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor Barnes, Jennifer	Amount of Contribution (\$) \$2.15
	Contributor address; City; State; Zip Code Austin, TX 78660	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor Bartlett, Roger	Amount of Contribution (\$) \$4.43
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/86 Rpt: 8/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartlett, Roger	7 Amount of Contribution (\$) \$4.43
	6 Contributor address; City; State; Zip Code Austin, TX 78703	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Rita	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code Austin, TX 78749	
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#: _____) Berry, Rita	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code Austin, TX 78749	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, M V	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, M V	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/86 Rpt: 9/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bird, Sarah 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$3.57
	8 Principal occupation / Job title (See Instructions) Writer	9 Employer (See Instructions) Self
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bird, Sarah Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$3.57
	Principal occupation / Job title (See Instructions) Writer	Employer (See Instructions) Self
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bixby, Pamela Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$7.15
	Principal occupation / Job title (See Instructions) Nonprofit Manager	Employer (See Instructions) Coalition for National Trauma Research
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bixby, Pamela Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$7.15
	Principal occupation / Job title (See Instructions) Nonprofit manager	Employer (See Instructions) Coalition for National Trauma Research
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bladen, Dorotea Contributor address; City; State; Zip Code El Dorado Hills, CA 95762	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/86 Rpt: 10/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/13/2025	5 Full name of contributor Bladen, Dorotea	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code El Dorado Hills, CA 95762	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/11/2025	Full name of contributor Blanton, Dana	Amount of Contribution (\$) \$21.43
	Contributor address; City; State; Zip Code Austin, TX 78751	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/11/2025	Full name of contributor Blanton, Dana	Amount of Contribution (\$) \$21.43
	Contributor address; City; State; Zip Code Austin, TX 78751	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 10/24/2025	Full name of contributor Blau, Robert	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/04/2025	Full name of contributor Block, Nathan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) BP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/86 Rpt: 11/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Nathan	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) BP
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohr, Eric	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Castro Valley, CA 94552	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) self
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohr, Eric	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Castro Valley, CA 94552	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brim, Jay	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Brim & Brim
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brim, Jay	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Brim & Brim

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/86 Rpt: 12/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 10/16/2025	5 Full name of contributor Bristol, Valarie	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78746	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/06/2025	Full name of contributor Bristol, Valarie	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor Bristol, Valarie	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor Bryan, Helen	Amount of Contribution (\$) \$35.72
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/06/2025	Full name of contributor Bryan, Helen	Amount of Contribution (\$) \$35.72
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/86 Rpt: 13/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 10/25/2025	5 Full name of contributor Bullock, Dan	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Austin, TX 78763	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/08/2025	Full name of contributor Carnes, Mary Alice	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions) Self
Date 08/08/2025	Full name of contributor Carnes, Mary Alice	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions) Self
Date 08/06/2025	Full name of contributor Carzola, Sidra	Amount of Contribution (\$) \$4.29
	Contributor address; City; State; Zip Code Pflugerville, TX 78660	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor Carzola, Sidra	Amount of Contribution (\$) \$4.29
	Contributor address; City; State; Zip Code Pflugerville, TX 78660	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/86 Rpt: 14/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevalier, Joi	7 Amount of Contribution (\$) \$14.29
	6 Contributor address; City; State; Zip Code Austin, TX 78757	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Cygnus Advisory Group
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevalier, Joi	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Cygnus Advisory Group
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chigubu, Vivian	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78747	
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#: _____) Chigubu, Vivian	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78747	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chipps, Mary	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Ava, MO 65608	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/86 Rpt: 15/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/13/2025	5 Full name of contributor Chipps, Mary	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Ava, MO 65608	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor Chirlin, Gary	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Derwood, MD 20855	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor Chirlin, Gary	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Derwood, MD 20855	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/05/2025	Full name of contributor Choban, Gregory	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/05/2025	Full name of contributor Choban, Gregory	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/86 Rpt: 16/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claunch, Susan	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Tamy	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Los Angeles, CA 90064	
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Tamy	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Los Angeles, CA 90064	
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Tamy	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Los Angeles, CA 90064	
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comcast Corporation & NBCUniversal PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Philadelphia, PA 19103	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/86 Rpt: 17/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor Cooper, Stephen	7 Amount of Contribution (\$) \$5.72
	6 Contributor address; City; State; Zip Code Austin, TX 78733	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor Cooper, Stephen	Amount of Contribution (\$) \$5.72
	Contributor address; City; State; Zip Code Austin, TX 78733	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/08/2025	Full name of contributor Coplin, Nancy	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Music Consultant		Employer (See Instructions) Self
Date 08/08/2025	Full name of contributor Coplin, Nancy	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Music Consultant		Employer (See Instructions) Self
Date 08/06/2025	Full name of contributor Cunningham, Jeanette	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/86 Rpt: 18/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Jeanette	7 Amount of Contribution (\$) \$14.29
	6 Contributor address; City; State; Zip Code Austin, TX 78745	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuthbertson, Brian	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuthbertson, Brian	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniller, Mae	Amount of Contribution (\$) \$35.72
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Fundraising Consultant		Employer (See Instructions) Daniller + Company
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniller, Mae	Amount of Contribution (\$) \$35.72
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Fund Raising Consultant		Employer (See Instructions) Daniller + Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/86 Rpt: 19/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor Davidson, Laura	7 Amount of Contribution (\$) \$7.15
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/06/2025	Full name of contributor Davidson, Laura	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/11/2025	Full name of contributor Davis, Richard	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) ERA Helicopters
Date 08/07/2025	Full name of contributor Dawson-Brown, Claire	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78722	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor Dawson-Brown, Claire	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78722	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/86 Rpt: 20/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denko, John 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$14.29
	8 Principal occupation / Job title (See Instructions) Attorney	9 Employer (See Instructions) Denko
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denko, John Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$14.29
	Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Denko
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desai, Parul Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$9.00
	Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions) ARC
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desai, Parul Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$9.00
	Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions) ARC
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dietz, Henry Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$7.15
	Principal occupation / Job title (See Instructions) Systems analyst	Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/86 Rpt: 21/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/07/2025	5 Full name of contributor Dietz, Henry	7 Amount of Contribution (\$) \$7.15
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) Systems analyst		9 Employer (See Instructions) State of Texas
Date 08/06/2025	Full name of contributor Dochen, Sandy	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor Dochen, Sandy	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/07/2025	Full name of contributor Douglas, Cynthia	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78724	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor Douglas, Cynthia	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78724	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/86 Rpt: 22/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Frances	7 Amount of Contribution (\$) \$42.86
	6 Contributor address; City; State; Zip Code Austin, TX 78749	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Frances	Amount of Contribution (\$) \$42.86
	Contributor address; City; State; Zip Code Austin, TX 78749	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Sandra	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code West Lake Hills, TX 78746	
Principal occupation / Job title (See Instructions) LMT		Employer (See Instructions) Self
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Sandra	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Westlake Hills, TX 78746	
Principal occupation / Job title (See Instructions) LMT		Employer (See Instructions) Self
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Sandra	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code West Lake Hills, TX 78746	
Principal occupation / Job title (See Instructions) LMT		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/86 Rpt: 23/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duty, Coryell	7 Amount of Contribution (\$) \$4.72
	6 Contributor address; City; State; Zip Code Lakeway, TX 78734	
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duty, Coryell	Amount of Contribution (\$) \$4.72
	Contributor address; City; State; Zip Code Lakeway, TX 78734	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, William	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fass-Holmes, Barry	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Diego, CA 92108	
Principal occupation / Job title (See Instructions) SEVIS Coordinator		Employer (See Instructions) San Diego State University
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fellows, Juli	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/86 Rpt: 24/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/08/2025	5 Full name of contributor Fellows, Juli	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/04/2025	Full name of contributor Ferne, Kyba (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 10/15/2025	Full name of contributor Fero, Mary	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor Fero, Mary	Amount of Contribution (\$) \$5.72
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor Fero, Mary	Amount of Contribution (\$) \$5.72
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/86 Rpt: 25/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fetonte, Barbara	7 Amount of Contribution (\$) \$14.29
	6 Contributor address; City; State; Zip Code Austin, TX 78749	
8 Principal occupation / Job title (See Instructions) state worker		9 Employer (See Instructions) TWC
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fetonte, Barbara	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78749	
Principal occupation / Job title (See Instructions) State Employee		Employer (See Instructions) TWC
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Lourdes	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Lourdes	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Y	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Del Rio, TX 78840	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/86 Rpt: 26/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Y	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Del Rio, TX 78840	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankel, Elizabeth	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78722	
Principal occupation / Job title (See Instructions) Arts Administration		Employer (See Instructions) Self
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankel, Elizabeth	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78722	
Principal occupation / Job title (See Instructions) Arts Administration		Employer (See Instructions) Freelance
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friar, Eric	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Eric Friar
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friar, Eric	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/86 Rpt: 27/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, David	7 Amount of Contribution (\$) \$2.86
	6 Contributor address; City; State; Zip Code Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Self
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, David	Amount of Contribution (\$) \$2.86
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Brandon	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Manor, TX 78653	
Principal occupation / Job title (See Instructions) Government relations		Employer (See Instructions) TPCSA
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Bonny	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Bonny Gardner Ph.D.
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Bonny	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Bonny Gardner Ph.D.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/86 Rpt: 28/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/14/2025	5 Full name of contributor Gardner, Richard	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Chicago, IL 60620	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/14/2025	Full name of contributor Gardner Sr, Richard	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Chicago, IL 60620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 10/16/2025	Full name of contributor Gavenda, Beverly	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/21/2025	Full name of contributor Gilbreath, James	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Walters Gilbreath PLLC
Date 08/21/2025	Full name of contributor Gilbreath, James	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Walters Gilbreath PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/86 Rpt: 29/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilliam, Susan	7 Amount of Contribution (\$) \$14.29
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodson, Toye	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78733	
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#: _____) Goodson, Toye	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78733	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg, Don	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Sebastopol, CA 95472	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg, Don	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Sebastopol, CA 95472	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/86 Rpt: 30/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grigsby, Mary	7 Amount of Contribution (\$) \$14.29
	6 Contributor address; City; State; Zip Code Austin, TX 78753	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grigsby, Mary	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78753	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guynn, Alyce	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Government Fund	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75240	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haltermann, David	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78749	
Principal occupation / Job title (See Instructions) Systems Administrator		Employer (See Instructions) Texas Workforce Commission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/86 Rpt: 31/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halterman, David	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78749	
8 Principal occupation / Job title (See Instructions) Systems Administrator		9 Employer (See Instructions) Texas Workforce Commission
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Dosier	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Princeton, NJ 08542	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Dosier	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Princeton, NJ 08542	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanna, Catherine	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Hanna & Plaut LLP
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanna, Catherine	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hanna & Plaut LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/86 Rpt: 32/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardee, Jackie 6 Contributor address; City; State; Zip Code Austin, TX 78723	7 Amount of Contribution (\$) \$7.15
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardee, Jackie Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$7.15
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Russell Contributor address; City; State; Zip Code Sunset Valley, TX 78745	Amount of Contribution (\$) \$7.15
	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#: _____) Harding, Russell Contributor address; City; State; Zip Code Sunset Valley, TX 78745	Amount of Contribution (\$) \$7.15
	Principal occupation / Job title (See Instructions) Not employed	Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargrove, Mary Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/86 Rpt: 33/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargrove, Mary 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartley, Ann Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartley, Ann Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartnett, D Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) General Contractor		Employer (See Instructions) DTHARTNETT DESIGN-BUILD
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartnett, Dan Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) General Contractor		Employer (See Instructions) DTHARTNETT Design Build

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/86 Rpt: 34/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 10/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hausmann, Se	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78702	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haygood, Leah	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Silver Spring, MD 20902	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) BuzzWord Inc.
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haygood, Leah	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Silver Spring, MD 20902	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) BuzzWord Inc.
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinen, Hubert	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinen, Hubert	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/86 Rpt: 35/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinen, Hubert	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinen, Hubert	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinen, Hubert	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinen, Hubert	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) None
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinen, Hubert	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/86 Rpt: 36/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinen, Hubert	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewlett, Michele	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heydrick, Kenneth	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) University of Texas
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heydrick, Kenneth	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) University of Texas
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilliard, Corky	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/86 Rpt: 37/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, John 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$35.72
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, John Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$35.72
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hohengarten, Nancy Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$14.29
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hohengarten, Nancy Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$14.29
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, William Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/86 Rpt: 38/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, William	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Austin, TX 78748	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hornung, Clarence	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Louisville, KY 40219	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hornung, Clarence	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Louisville, KY 40219	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Michelle	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Michelle	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/86 Rpt: 39/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 07/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Michelle (Ms.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Austin, TX 78723	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulse, Donald	Amount of Contribution (\$) \$1.64
	Contributor address; City; State; Zip Code Shelton, WA 98584	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulse, Donald	Amount of Contribution (\$) \$1.64
	Contributor address; City; State; Zip Code Shelton, WA 98584	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Hillary	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mount Pleasant, SC 29464	
Principal occupation / Job title (See Instructions) Career Coach		Employer (See Instructions) Self
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illig, Carl	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Phoenixville, PA 19460	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/86 Rpt: 40/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illig, Carl	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Phoenixville, PA 19460	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Impastato, Salvador	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Pflugerville, TX 78660	
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Impastato, Salvador	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Pflugerville, TX 78660	
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#: _____) Ireson, Diane	Amount of Contribution (\$) \$35.72
	Contributor address; City; State; Zip Code Austin, TX 79731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ireson, Diane	Amount of Contribution (\$) \$35.72
	Contributor address; City; State; Zip Code Austin, TX 79731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/86 Rpt: 41/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isis, Melanie	7 Amount of Contribution (\$) \$2.05
	6 Contributor address; City; State; Zip Code Silver Spring, MD 20910	
8 Principal occupation / Job title (See Instructions) Gardener		9 Employer (See Instructions) Self
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isis, Melanie	Amount of Contribution (\$) \$2.05
	Contributor address; City; State; Zip Code Silver Spring, MD 20910	
Principal occupation / Job title (See Instructions) Gardener		Employer (See Instructions) Self
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J Gilliam, Susan	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78731	
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#: _____) Jasko, Melinda	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78746	
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#: _____) Jasko, Melinda	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/86 Rpt: 42/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johler, Jen	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Apex, NC 27502	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johler, Jen	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Apex, NC 27502	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Bucy Campaign	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Dana	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78750	
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#: _____) Johnson, Dana	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/86 Rpt: 43/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jacalyn	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Eugene, OR 97404	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jacalyn	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Eugene, OR 97404	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Karin	Amount of Contribution (\$) \$35.72
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) State Employee		Employer (See Instructions) None
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Karin	Amount of Contribution (\$) \$35.72
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) State Employee		Employer (See Instructions) N/A
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Linda	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code Rio Medina, TX 78066	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/86 Rpt: 44/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Linda	7 Amount of Contribution (\$) \$1.43
	6 Contributor address; City; State; Zip Code Rio Medina, TX 78066	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keene, William	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keene, William	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78750	
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#: _____) Kenyon, Kitty	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Katy, TX 77450	
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#: _____) Kenyon, Kitty	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Katy, TX 77450	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/86 Rpt: 45/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerr, Mary 6 Contributor address; City; State; Zip Code mpls, MN 55404	7 Amount of Contribution (\$) \$1.00
	8 Principal occupation / Job title (See Instructions) House Cleaner	9 Employer (See Instructions) Two Bettys Green Cleaning
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerr, Mary Contributor address; City; State; Zip Code Minneapolis, MN 55404	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) House Cleaner	Employer (See Instructions) Two Bettys Green Cleaning
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Michael Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$1.43
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) None
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Michael Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$1.43
	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#: _____) Kinslow, Stephen Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$14.29
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/86 Rpt: 46/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinslow, Stephen	7 Amount of Contribution (\$) \$14.29
	6 Contributor address; City; State; Zip Code Austin, TX 78723	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Tim	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78738	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Tim	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78738	
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#: _____) Knisely Paul E Knisely, Anne-Francoise	Amount of Contribution (\$) \$28.57
	Contributor address; City; State; Zip Code West Lake Hills, TX 78746	
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#: _____) Knisely Paul E Knisely, Anne-Francoise	Amount of Contribution (\$) \$28.57
	Contributor address; City; State; Zip Code West Lake Hills, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/86 Rpt: 47/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kost, Michael	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Cirrus Logic
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kost, Michael	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Cirrus Logic
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaTorre, Shawn	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78727	
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#: _____) LaTorre, Shawn	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78727	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langham, Barbara	Amount of Contribution (\$) \$35.72
	Contributor address; City; State; Zip Code West Lake Hills, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/86 Rpt: 48/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langham, Barbara	7 Amount of Contribution (\$) \$35.72
	6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawler, Martha	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code La Pine, OR 97739	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawler, Martha	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code La Pine, OR 97739	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laycock, David	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Chester, NJ 07930	
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) UPS
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laycock, David	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Chester, NJ 07930	
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) UPS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/86 Rpt: 49/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Leila	7 Amount of Contribution (\$) \$2.86
	6 Contributor address; City; State; Zip Code Austin, TX 78751	
8 Principal occupation / Job title (See Instructions) Mental health therapist		9 Employer (See Instructions) Just Mind
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Leila	Amount of Contribution (\$) \$2.86
	Contributor address; City; State; Zip Code Austin, TX 78751	
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Just Mind
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilley, Karen	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code Austin, TX 78747	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilley, Karen	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code Austin, TX 78747	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipman, Robert	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78716	
Principal occupation / Job title (See Instructions) Travel Planner		Employer (See Instructions) Summit Management Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/86 Rpt: 50/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipman, Robert	7 Amount of Contribution (\$) \$7.15
	6 Contributor address; City; State; Zip Code Austin, TX 78716	
8 Principal occupation / Job title (See Instructions) Travel Planner		9 Employer (See Instructions) Summit Management Services
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Alice	Amount of Contribution (\$) \$35.72
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Alice	Amount of Contribution (\$) \$35.72
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luckens, Ben	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code Austin, TX 78731	
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#: _____) Luckens, Ben	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/86 Rpt: 51/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyon, Douglas	7 Amount of Contribution (\$) \$11.00
	6 Contributor address; City; State; Zip Code Manchaca, TX 78652	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyon, Douglas	Amount of Contribution (\$) \$11.00
	Contributor address; City; State; Zip Code Manchaca, TX 78652	
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#: _____) Marroquin, Ben	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code Austin, TX 78705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marroquin, Ben	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code Austin, TX 78705	
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Retired
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masterson, Amanda	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/86 Rpt: 52/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masterson, Amanda 6 Contributor address; City; State; Zip Code Austin, TX 78750	7 Amount of Contribution (\$) \$30.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) None
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masterson, James Contributor address; City; State; Zip Code Aurora, CO 80016	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masterson, James Contributor address; City; State; Zip Code Aurora, CO 80016	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayoff, Bernard Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$1.43
	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#: _____) Mayoff, Bernard Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$1.43
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) None

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/86 Rpt: 53/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Maureen	7 Amount of Contribution (\$) \$14.29
	6 Contributor address; City; State; Zip Code Austin, TX 78757	
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Maureen	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuireWoods Federal PAC Fund	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Richmond, VA 23219	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIlvain, Myra	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIlvain, Myra	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/86 Rpt: 54/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNabb, James	7 Amount of Contribution (\$) \$1.43
	6 Contributor address; City; State; Zip Code Austin, TX 78749	
8 Principal occupation / Job title (See Instructions) Adjunct Professor		9 Employer (See Instructions) St. Edward's University
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNabb, James	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code Austin, TX 78749	
Principal occupation / Job title (See Instructions) Adjunct Professor		Employer (See Instructions) St. Edward's University
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormick, Ann H	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mealy, Patti	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Trenton, NJ 08628	
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Capital Health
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mealy, Patti	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Trenton, NJ 08628	
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Capital Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/86 Rpt: 55/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merck Employees PAC	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Washington, DC 20004	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michaelsen, Hedrich	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78757	
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#: _____) Michaelsen, Hedrich	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michaud, John-Paul	Amount of Contribution (\$) \$1.66
	Contributor address; City; State; Zip Code Hays, KS 67601	
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) K-State U
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michaud, John-Paul	Amount of Contribution (\$) \$1.66
	Contributor address; City; State; Zip Code Hays, KS 67601	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Kansas State University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/86 Rpt: 56/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Beth	7 Amount of Contribution (\$) \$14.29
	6 Contributor address; City; State; Zip Code Austin, TX 78703	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Dell Medical School at Univ of Texas
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Beth	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dell Medical School at Univ of Texas
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Shanley	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code San Diego, CA 92116	
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) UC San Diego
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Shanley	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code San Diego, CA 92116	
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) UC San Diego
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Los Angeles, CA 90027	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/86 Rpt: 57/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Los Angeles, CA 90027	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitcham, Janice	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Business Analyst		Employer (See Instructions) UT Austin
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitcham, Janice	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Business Analyst		Employer (See Instructions) University of Texas
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moilanen, Erin	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Santa Rosa, CA 95404	
Principal occupation / Job title (See Instructions) Family Nurse Practitioner		Employer (See Instructions) Santa Rosa Community Health Centers
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moilanen, Erin	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Santa Rosa, CA 95404	
Principal occupation / Job title (See Instructions) Family Nurse Practitioner		Employer (See Instructions) Santa Rosa Community Health Centers

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/86 Rpt: 58/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor Moore, Tom 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$3.57
8 Principal occupation / Job title (See Instructions) Business Operator		9 Employer (See Instructions) Impressions Printing
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Tom Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Business Operator		Employer (See Instructions) Impressions Printing
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Rosemary Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$14.29
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#: _____) Morris, Rosemary Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$14.29
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moskow, John Contributor address; City; State; Zip Code Chadds Ford, PA 19317	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/86 Rpt: 59/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/07/2025	5 Full name of contributor Mount, Shirley	7 Amount of Contribution (\$) \$3.57
	6 Contributor address; City; State; Zip Code Austin, TX 78757	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/07/2025	Full name of contributor Mount, Shirley	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/10/2025	Full name of contributor Murphy, Debbie	Amount of Contribution (\$) \$1.66
	Contributor address; City; State; Zip Code Charlotte, NC 28277	
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Microsoft
Date 08/10/2025	Full name of contributor Murphy, Debbie	Amount of Contribution (\$) \$1.66
	Contributor address; City; State; Zip Code Charlotte, NC 28277	
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Microsoft
Date 08/06/2025	Full name of contributor Nairn, Cathy	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/86 Rpt: 60/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor Nairn, Cathy	7 Amount of Contribution (\$) \$3.57
	6 Contributor address; City; State; Zip Code Austin, TX 78704	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/08/2025	Full name of contributor Naranjo, Orlinda	Amount of Contribution (\$) \$35.72
	Contributor address; City; State; Zip Code Spicewood, TX 78669	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/08/2025	Full name of contributor Naranjo, Orlinda	Amount of Contribution (\$) \$35.72
	Contributor address; City; State; Zip Code Spicewood, TX 78669	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 10/16/2025	Full name of contributor Neeley, Karen	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 08/06/2025	Full name of contributor Nehring, Maria	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/86 Rpt: 61/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nehring, Maria	7 Amount of Contribution (\$) \$7.15
	6 Contributor address; City; State; Zip Code Austin, TX 78746	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelle, Jean	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78735	
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#: _____) Nelle, Jean	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78735	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Therese	Amount of Contribution (\$) \$8.20
	Contributor address; City; State; Zip Code Chicago, IL 60615	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Therese	Amount of Contribution (\$) \$8.20
	Contributor address; City; State; Zip Code Chicago, IL 60615	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/86 Rpt: 62/141	
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130	
4 Date 10/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norris, Robert 6 Contributor address; City; State; Zip Code Austin, TX 78756	7 Amount of Contribution (\$) \$50.00	
	8 Principal occupation / Job title (See Instructions) Not Employed		
9 Employer (See Instructions) None	Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norris, Robert Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norris, Robert Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$50.00	
	Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norris, Robert Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$14.29	
	Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norris, Robert Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$14.29	
	Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/86 Rpt: 63/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 10/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neal, Michael	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746	
8 Principal occupation / Job title (See Instructions) Healthcare Administrator		9 Employer (See Instructions) Self
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obrien, Kimberlee	Amount of Contribution (\$) \$35.72
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obrien, Kimberlee	Amount of Contribution (\$) \$35.72
	Contributor address; City; State; Zip Code Austin, TX 78703	
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#: _____) Ortega, Dolores	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78727	
Principal occupation / Job title (See Instructions) Travis County Treasurer		Employer (See Instructions) Travis County
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortega, Dolores	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78727	
Principal occupation / Job title (See Instructions) Travis County Treasurer		Employer (See Instructions) Travis County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/86 Rpt: 64/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 09/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortman, Thomas & Mia 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) CEO & CTO		9 Employer (See Instructions) Nous Energy
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortman, Thomas & Mia Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CEO & CTO		Employer (See Instructions) Nous Energy
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortman, Thomas & Mia Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CEO & CTO		Employer (See Instructions) Nous Energy
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, David Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Opus Faveo Innovation Development
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, David Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Opus Faveo Innovation Development

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/86 Rpt: 65/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pargaman, Elizabeth J	7 Amount of Contribution (\$) \$3.57
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Self
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pargaman, Elizabeth J	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsley, Cathleen	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) University Christian Church Austin
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsley, Cathleen	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) University Christian Church Austin
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peddicord, Jane	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/86 Rpt: 66/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peddicord, Jane 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$7.15
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Linda Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$7.15
	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#: _____) Peterson, Linda Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$7.15
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) None
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfizer PAC Contributor address; City; State; Zip Code New York, NY 10001	Amount of Contribution (\$) \$1,500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PharmPAC Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$1,500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/86 Rpt: 67/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philipson, Carol	7 Amount of Contribution (\$) \$71.43
	6 Contributor address; City; State; Zip Code Austin, TX 78750	
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Carol Philipson
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philipson, Carol	Amount of Contribution (\$) \$71.43
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Carol Philipson
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piersol, Gail	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Belleville, IL 62223	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piersol, Gail	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Belleville, IL 62223	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnelli, Janis W	Amount of Contribution (\$) \$71.43
	Contributor address; City; State; Zip Code Austin, TX 78763	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) J Pinnelli Company LLC

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/86 Rpt: 68/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnelli, Janis W	7 Amount of Contribution (\$) \$71.43
	6 Contributor address; City; State; Zip Code Austin, TX 78763	
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) J Pinnelli Company LLC
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, George	Amount of Contribution (\$) \$9.00
	Contributor address; City; State; Zip Code Austin, TX 78709	
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#: _____) Powell, George	Amount of Contribution (\$) \$9.00
	Contributor address; City; State; Zip Code Austin, TX 78709	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prescott, Angela	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78733	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prescott, Angela	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78733	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/86 Rpt: 69/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 10/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumfrey, William	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78736	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raab, Ted	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
Principal occupation / Job title (See Instructions) Legislative professional		Employer (See Instructions) Texas Workforce Commission
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raab, Ted	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
Principal occupation / Job title (See Instructions) Legislative professional		Employer (See Instructions) Texas Workforce Commission
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ragland, Mary	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ragland, Mary	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/86 Rpt: 70/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reinken, Janis 6 Contributor address; City; State; Zip Code Austin, TX 78755	7 Amount of Contribution (\$) \$7.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reinken, Janis Contributor address; City; State; Zip Code Austin, TX 78755	Amount of Contribution (\$) \$7.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) None
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Carol Contributor address; City; State; Zip Code Manchester, NH 03104	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) None
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Carol Contributor address; City; State; Zip Code Manchester, NH 03104	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roark, Dottie Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) None

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/86 Rpt: 71/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 10/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Margaret	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodine, Richard	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Dallas, TX 75201	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodine, Richard	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Dallas, TX 75201	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodnick, Amie	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodnick, Amie	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/86 Rpt: 72/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodnick, Amie	7 Amount of Contribution (\$) \$14.29
	6 Contributor address; City; State; Zip Code Austin, TX 78746	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romberg, Tom	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code West Lake Hills, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romberg, Tom	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code West Lake Hills, TX 78746	
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#: _____) Rosen, Barry	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Stormville, NY 12582	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Barry	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Stormville, NY 12582	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/86 Rpt: 73/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothstein, Susan	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Brookline, MA 02445	
8 Principal occupation / Job title (See Instructions) Real Broker		9 Employer (See Instructions) Hammon Real Estate
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothstein, susan	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Brookline, MA 02445	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Hammond Real Estate
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutishauser, Robert	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samman, Omar	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Sales Director		Employer (See Instructions) Exstratus
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samman, Omar	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Sales Director		Employer (See Instructions) Exstratus

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/86 Rpt: 74/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schilz, Virginia 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$14.29
	8 Principal occupation / Job title (See Instructions) Not employed	9 Employer (See Instructions) None
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schilz, Virginia Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$14.29
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) None
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schilz, Virginia Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$14.29
	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#: _____) Schlechter, Elizabeth Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$14.29
	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#: _____) Schlechter, Elizabeth Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$14.29
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) None

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/86 Rpt: 75/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Robert	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code Austin, TX 78722	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Robert W. Schmidt Law Firm PLLC
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Liz	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Creative Director		Employer (See Instructions) Self
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Liz	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Creative Director		Employer (See Instructions) Self
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedwick, Shannon	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) comedy club owner		Employer (See Instructions) Esther's Follies
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedwick, Shannon	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Comedy Club Owner		Employer (See Instructions) Esther's Follies

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/86 Rpt: 76/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanklin-Spock, Heidi	7 Amount of Contribution (\$) \$3.57
	6 Contributor address; City; State; Zip Code Austin, TX 78735	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanklin-Spock, Heidi	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78735	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shartle, Gretchen Lara	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Tom	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Jose, CA 95126	
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#: _____) Shaw, Tom	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Jose, CA 95126	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/86 Rpt: 77/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheen, Anna 6 Contributor address; City; State; Zip Code San Mateo, CA 94402	7 Amount of Contribution (\$) \$20.25
	8 Principal occupation / Job title (See Instructions) Research	9 Employer (See Instructions) independent contractor
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheen, Anna Contributor address; City; State; Zip Code San Mateo, CA 94402	Amount of Contribution (\$) \$20.25
	Principal occupation / Job title (See Instructions) Research	Employer (See Instructions) Self
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelley, Carolyn Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$3.59
	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#: _____) Shelley, Carolyn Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$3.59
	Principal occupation / Job title (See Instructions) Not employed	Employer (See Instructions) None
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Naomi Contributor address; City; State; Zip Code Pittsburgh, PA 15238	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) Not employed	Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/86 Rpt: 78/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Naomi	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Pittsburgh, PA 15238	
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smiley, Martha	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Enoch Kever
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jane	Amount of Contribution (\$) \$4.43
	Contributor address; City; State; Zip Code Austin, TX 78757	
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#: _____) Smith, Jane	Amount of Contribution (\$) \$4.43
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Michelle	Amount of Contribution (\$) \$6.58
	Contributor address; City; State; Zip Code Leesburg, VA 20175	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/86 Rpt: 79/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Michelle	7 Amount of Contribution (\$) \$6.58
	6 Contributor address; City; State; Zip Code Leesburg, VA 20175	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sniderman, Sherry	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snow, Mollie	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
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#: _____) Snow, Mollie	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southwest Airlines Co. PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75235	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/86 Rpt: 80/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Kerry	7 Amount of Contribution (\$) \$14.29
	6 Contributor address; City; State; Zip Code Leander, TX 78641	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Kerry	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockard, Natalie	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code St. Petersburg, FL 33701	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockard, Natalie	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code St. Petersburg, FL 33701	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoddard, Mark	Amount of Contribution (\$) \$2.86
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/86 Rpt: 81/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoddard, Mark	7 Amount of Contribution (\$) \$2.86
	6 Contributor address; City; State; Zip Code Austin, TX 78723	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Straubhaar, Joseph	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78735	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Straubhaar, Joseph	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78735	
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#: _____) Summers, Jim	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summers, Jim	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/86 Rpt: 82/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susswein, Gary J	7 Amount of Contribution (\$) \$54.00
	6 Contributor address; City; State; Zip Code Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) Public Relations		9 Employer (See Instructions) Susswein Comms
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susswein, Gary J	Amount of Contribution (\$) \$54.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Susswein Comms
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terranella, Mark	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78741	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Association PAC	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Podiatric Medical Association PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/86 Rpt: 83/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiedeken, Margaret Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Sociologist		Employer (See Instructions) AMPS
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trehan, Nidhi Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$7.15
Principal occupation / Job title (See Instructions) Sociologist		Employer (See Instructions) AMPS
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Robert Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/86 Rpt: 84/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance, Lila	7 Amount of Contribution (\$) \$3.57
	6 Contributor address; City; State; Zip Code Austin, TX 78703	
8 Principal occupation / Job title (See Instructions) Hairstylist		9 Employer (See Instructions) Self
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance, Lila	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Hairstylist		Employer (See Instructions) Self
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Pedro	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Ingram, TX 78025	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Pedro	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Ingram, TX 78025	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Scheleen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78724	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/86 Rpt: 85/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 10/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weary, Mary	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78746	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Diana	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Diana	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wildman, Tali	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Campaign Brand Marketing
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wildman, Tali	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Campaign Brand Marketing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/86 Rpt: 86/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilensky, Sharon	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code San Francisco, CA 94122	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilensky, Sharon	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code San Francisco, CA 94122	
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#: _____) Williams, Roger	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Richards Rodriguez and Skeith
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Roger	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Richards Rodriguez and Skeith
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Katherine	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/86 Rpt: 87/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Katherine	7 Amount of Contribution (\$) \$3.57
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Susanne	Amount of Contribution (\$) \$1.64
	Contributor address; City; State; Zip Code Lafayette, CA 94549	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Oil Change International
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Susanne	Amount of Contribution (\$) \$1.64
	Contributor address; City; State; Zip Code Lafayette, CA 94549	
Principal occupation / Job title (See Instructions) manager		Employer (See Instructions) Oil Change International
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynn, Julia	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynn, Julia	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/86 Rpt: 88/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynn, Julia	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynn, Julia	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hewlett, michele	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78757	
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#: _____) smiley, martha	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Enoch Kever
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) terrarella, mark	Amount of Contribution (\$) \$7.15
	Contributor address; City; State; Zip Code Austin, TX 78741	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/86 Rpt: 89/141
2 FILER NAME Howard, Donna S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/06/2025	5 Full name of contributor tiedeken, margaret	7 Amount of Contribution (\$) \$1.43
	6 Contributor address; City; State; Zip Code Austin, TX 78757	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor van Streenen, Natasha	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78738	
Principal occupation / Job title (See Instructions) Marketing Coordinator		Employer (See Instructions) Legacy Communities
Date 08/04/2025	Full name of contributor van Streenen, Natasha	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78738	
Principal occupation / Job title (See Instructions) Marketing Coordinator		Employer (See Instructions) Legacy Communities

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: 1/51 Rpt: 90/141	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 09/04/2025	5 Payee name Aba Austin	
6 Amount (\$) \$155.50	7 Payee address; City; State; Zip Code 1011 S Congress Ave. Bldg. 2, Suite 180 Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for Capitol Office Staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name ActBlue	
Amount (\$) \$559.71	Payee address; City; State; Zip Code P.O. Box 441146 Somerset, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name Airbnb	
Amount (\$) \$278.89	Payee address; City; State; Zip Code 888 Brannan St. #119 San Francisco, CA 94103	
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 Accomodations for Officeholder
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: 2/51 Rpt: 91/141	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/22/2025	5 Payee name Amazon	
6 Amount (\$) \$146.10	7 Payee address; City; State; Zip Code 410 N Terry Ave. Seattle, WA 98109	
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 10/17/2025	Payee name American Printing and Mailing	
Amount (\$) \$24,621.76	Payee address; City; State; Zip Code 1606 Headway Circle Austin, TX 78754	
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 Newsletter Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Austin Convention Center	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 500 E Cesar Chavez St. Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
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: 3/51 Rpt: 92/141	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130	
4 Date 09/29/2025	5 Payee name Buc-ee's		
6 Amount (\$) \$32.55	7 Payee address; City; State; Zip Code 10484 US-59 Wharton, TX 77488		
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 Gas for Officerholder	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 12/15/2025	Payee name Canva		
Amount (\$) \$12.95	Payee address; City; State; Zip Code 75 E Santa Clara St. San Jose, CA 95113		
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 Graphic Design Subscription	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 11/17/2025	Payee name Canva		
Amount (\$) \$12.95	Payee address; City; State; Zip Code 75 E Santa Clara St. San Jose, CA 95113		
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 Graphic Design Subscription	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held 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: 4/51 Rpt: 93/141	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 10/15/2025	5 Payee name Canva	
6 Amount (\$) \$12.95	7 Payee address; City; 75 E Santa Clara St. San Jose, CA 95113	
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 Graphic Design Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/15/2025	Payee name Canva	
Amount (\$) \$12.95	Payee address; City; 75 E Santa Clara St. San Jose, CA 95113	
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 Graphic Design Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/15/2025	Payee name Canva	
Amount (\$) \$12.95	Payee address; City; 75 E Santa Clara St. San Jose, CA 95113	
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 Graphic Design Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/51 Rpt: 94/141	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 07/15/2025	5 Payee name Canva	
6 Amount (\$) \$12.95	7 Payee address; City; 75 E Santa Clara St. San Jose, CA 95113	
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 Graphic Design Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Capital Area Progressive Democrats PAC	
Amount (\$) \$500.00	Payee address; City; P.O. Box 413 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/22/2025	Payee name Cava	
Amount (\$) \$63.06	Payee address; City; 515 Congress Ave. Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for Capitol Office Staff
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: 6/51 Rpt: 95/141	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 10/28/2025	5 Payee name Celis Brewery	
6 Amount (\$) \$31.70	7 Payee address; City; State; Zip Code 10001 Metric Blvd. Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for Officeholder
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/29/2025	Payee name Central Texas Community Foundation, Inc.	
Amount (\$) \$1,030.00	Payee address; City; State; Zip Code 302 N Lampasas St. Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for Kerrville Floods
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/29/2025	Payee name Central Texas Community Foundation, Inc.	
Amount (\$) \$1,030.00	Payee address; City; State; Zip Code 302 N Lampasas St. Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Sandy Creek.
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: 7/51 Rpt: 96/141	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130	
4 Date 11/07/2025	5 Payee name Chapala Fiestas & Grill		
6 Amount (\$) \$91.65	7 Payee address; City; 1067 State Hwy 71 Bastrop, TX 78602	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for Officeholder	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/06/2025	Payee name City of Austin		
Amount (\$) \$6.25	Payee address; City; 301 W. 2nd St. Austin, TX 78701	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/07/2025	Payee name Community Foundation		
Amount (\$) \$1,033.59	Payee address; City; 5500 Caruth Haven Ln. Dallas, TX 75225	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
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: 8/51 Rpt: 97/141	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 12/15/2025	5 Payee name Cosmic Coffee	
6 Amount (\$) \$65.13	7 Payee address; City; 1300 E. 4th St Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for Capitol Office Staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name Cosmic Coffee	
Amount (\$) \$62.52	Payee address; City; 1300 E. 4th St Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for Capitol Office Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name Counihan, James	
Amount (\$) \$2,800.00	Payee address; City; 8004 Swindon Lane Austin, TX 78745	
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 Staff Stipend
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: 9/51 Rpt: 98/141	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 12/03/2025	5 Payee name Counihan, James	
6 Amount (\$) \$2,550.00	7 Payee address; City; 8004 Swindon Austin, TX 78745	
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 Staff Stipend
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Counihan	Office sought Office held
Date 12/15/2025	Payee name Counihan	
Amount (\$) \$250.00	Payee address; City; 8004 Swindon Lane Austin, TX 78745	
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 Staff Stipend
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Counihan	Office sought Office held
Date 11/03/2025	Payee name Counihan	
Amount (\$) \$700.00	Payee address; City; 8004 Swindon Lane Austin, TX 78745	
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 Staff Stipend
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Counihan	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: 10/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130	
4 Date 12/29/2025	5 Payee name Dallas Morning News		
6 Amount (\$) \$14.03	7 Payee address; City; 1954 Commerce St Dallas, TX 75201	State; Zip Code	
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 Newspaper Subscription	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/01/2025	Payee name Dallas Morning News		
Amount (\$) \$14.03	Payee address; City; 1954 Commerce St Dallas, TX 75201	State; Zip Code	
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 Newspaper Subscription	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/29/2025	Payee name Dallas Morning News		
Amount (\$) \$14.03	Payee address; City; 1954 Commerce St Dallas, TX 75201	State; Zip Code	
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 Newspaper Subscription	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 09/29/2025	5 Payee name Dallas Morning News	
6 Amount (\$) \$14.03	7 Payee address; City; 1954 Commerce St Dallas, TX 75201	State; Zip Code
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 Newspaper Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/29/2025	Payee name Dallas Morning News	Office held
Amount (\$) \$14.03	Payee address; City; 1954 Commerce St Dallas, TX 75201	State; Zip Code
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 Newspaper Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/29/2025	Payee name Dallas Morning News	Office held
Amount (\$) \$14.03	Payee address; City; 1954 Commerce St Dallas, TX 75201	State; Zip Code
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 Newspaper Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 11/25/2025	5 Payee name Davis	
6 Amount (\$) \$700.00	7 Payee address; City; State; Zip Code 2910 East 17th Street Unit 355 Austin, TX 78702	
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 Staff Stipend
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Davis	Office sought Office held
Date 11/25/2025	Payee name Davis	
Amount (\$) \$700.00	Payee address; City; State; Zip Code 2911 East 17th Street Unit 355 Austin, TX 78702	
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 Staff Stipend
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Davis	Office sought Office held
Date 09/30/2025	Payee name Davis	
Amount (\$) \$1,900.00	Payee address; City; State; Zip Code 2808 Kinney Oaks Ct Austin, TX 78704	
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 Staff Stipend
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Davis	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: 13/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 07/31/2025	5 Payee name Davis	
6 Amount (\$) \$1,900.00	7 Payee address; City; State; Zip Code 2808 Kinney Oaks Ct Austin, TX 78704	
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 Staff Stipend
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/16/2025	Payee name De Nada Cantina	
Amount (\$) \$13.32	Payee address; City; State; Zip Code 4715 E Cesar Chavez St. Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for Capitol Office Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/26/2025	Payee name DeLuna Castro	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 8508 Spearman Drive Austin, TX 78757	
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 Staff Stipend
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: 14/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130	
4 Date 10/20/2025	5 Payee name DeLuna Castro, Eva		
6 Amount (\$) \$650.00	7 Payee address; City; 8508 Spearman Drive, Austin, TX 78757	State; Zip Code	
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 Staff Stipend	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/20/2025	Payee name DeLuna Castro		
Amount (\$) \$69.27	Payee address; City; 8509 Spearman Drive, Austin, TX 78757	State; Zip Code	
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 Staff Stipend	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/20/2025	Payee name DeLuna Castro		
Amount (\$) \$150.00	Payee address; City; 8510 Spearman Drive, Austin, TX 78757	State; Zip Code	
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 Staff Stipend	
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: 15/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/26/2025	5 Payee name Deluna Castro	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 8508 Spearman Drive Austin, TX 78757	
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 Staff Stipend
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/15/2025	Payee name Finan, Kristen	
Amount (\$) \$130.00	Payee address; City; State; Zip Code 10312 Hansa Cv. Austin, TX 78739	
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 Childcare Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/23/2025	Payee name Finan, Kristin	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 10312 Hansa Cv. Austin, TX 78739	
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 Childcare Expense
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: 16/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 12/19/2025	5 Payee name Gannet Co, Inc.	
6 Amount (\$) \$23.96	7 Payee address; City; State; Zip Code 7950 Jones Branch Drive McLean, VA 22107	
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 Newspaper Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Gannet Co, Inc.	Office sought Office held
Date 11/21/2025	Payee name Gannet Co, Inc.	
Amount (\$) \$23.96	Payee address; City; State; Zip Code 7950 Jones Branch Drive McLean, VA 22107	
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 Newspaper Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Gannet Co, Inc.	Office sought Office held
Date 10/24/2025	Payee name Gannet Co, Inc.	
Amount (\$) \$23.96	Payee address; City; State; Zip Code 7950 Jones Branch Drive McLean, VA 22107	
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 Newspaper Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Gannet Co, Inc.	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: 17/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 09/26/2025	5 Payee name Gannet Co, Inc.	
6 Amount (\$) \$23.96	7 Payee address; City; State; Zip Code 7950 Jones Branch Drive McLean, VA 22107	
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 Newspaper Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Gannet Co, Inc.	Office sought Office held
Date 08/29/2025	Payee name Gannet Co, Inc.	
Amount (\$) \$23.96	Payee address; City; State; Zip Code 7950 Jones Branch Drive McLean, VA 22107	
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 Newspaper Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Gannet Co, Inc.	Office sought Office held
Date 08/18/2025	Payee name Gannet Co, Inc.	
Amount (\$) \$19.99	Payee address; City; State; Zip Code 7950 Jones Branch Drive McLean, VA 22107	
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 Newspaper Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Gannet Co, Inc.	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: 18/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 07/08/2025	5 Payee name Gannet Co, Inc.	
6 Amount (\$) \$21.31	7 Payee address; City; State; Zip Code 7950 Jones Branch Drive McLean, VA 22107	
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 Newspaper Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name Gina Hinojosa Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 300095 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name Gonzales, Kristen	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 8004 Swindon Lane Austin, TX 78745	
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 Staff Stipend
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1: Sch: 19/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130	
4 Date 12/18/2025	5 Payee name Gonzales		
6 Amount (\$) \$700.00	7 Payee address; City; 8004 Swindon Lane Austin, TX 78745		
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 Staff Stipend	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Gonzales	Office sought	Office held
Date 11/12/2025	Payee name Gonzales		
Amount (\$) \$300.00	Payee address; City; 8004 Swindon Lane Austin, TX 78745		
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 Staff Stipend	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Gonzales	Office sought	Office held
Date 10/21/2025	Payee name Gonzales		
Amount (\$) \$300.00	Payee address; City; 8004 Swindon Lane Austin, TX 78745		
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 Staff Stipend	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Gonzales	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 09/10/2025	5 Payee name Gonzales	
6 Amount (\$) \$500.00	7 Payee address; City; 8004 Swindon Austin, TX 78745	
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 Staff Stipend
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/05/2025	Payee name Gonzales	
Amount (\$) \$250.00	Payee address; City; 8004 Swindon Lane Austin, TX 78745	
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 Staff Stipend
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/09/2025	Payee name Ground Game Texas PAC	
Amount (\$) \$500.00	Payee address; City; 780 Farm to Market 1626 Unit 383 Manchaca, TX 78652	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 10/09/2025	5 Payee name HEB	
6 Amount (\$) \$97.76	7 Payee address; City; State; Zip Code 6900 Brodie Ln. Austin, TX 78745	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for Capitol Office Staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name Hill Country Springs	
Amount (\$) \$12.82	Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd. Austin, TX 78747	
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 Water Delivery for Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/04/2025	Payee name Hill Country Springs	
Amount (\$) \$30.82	Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd. Austin, TX 78747	
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 Water Delivery for Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 10/02/2025	5 Payee name Hill Country Springs	
6 Amount (\$) \$51.82	7 Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd. Austin, TX 78747	
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 Water Delivery for Office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/03/2025	Payee name Hill Country Springs	
Amount (\$) \$10.83	Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd. Austin, TX 78747	
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 Water Delivery for Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name Hill Country Springs	
Amount (\$) \$17.81	Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd. Austin, TX 78747	
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 Water Delivery for Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 09/29/2025	5 Payee name Hilton Hotel	
6 Amount (\$) \$209.23	7 Payee address; City; State; Zip Code 2325 N Stemmons Fwy, Dallas, TX 75207	
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 Accomodations for Officeholder
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name Hoboken Pie	
Amount (\$) \$58.03	Payee address; City; State; Zip Code 718 Red River St. Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for Capitol Office Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/09/2025	Payee name Houston Chronicle	
Amount (\$) \$35.96	Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027	
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 Newspaper Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 11/12/2025	5 Payee name Houston Chronicle	
6 Amount (\$) \$35.96	7 Payee address; City; 4747 Southwest Fwy Houston, TX 77027	
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 Newspaper Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Houston Chronicle	
Amount (\$) \$35.96	Payee address; City; 4747 Southwest Fwy Houston, TX 77027	
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 Newspaper Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/16/2025	Payee name Houston Chronicle	
Amount (\$) \$35.96	Payee address; City; 4747 Southwest Fwy Houston, TX 77027	
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 Newspaper Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/19/2025	5 Payee name Houston Chronicle	
6 Amount (\$) \$35.96	7 Payee address; City; 4747 Southwest Fwy Houston, TX 77027	
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 Newspaper Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/22/2025	Payee name Houston Chronicle	
Amount (\$) \$35.96	Payee address; City; 4747 Southwest Fwy Houston, TX 77027	
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 Newspaper Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name Hyatt Regency Austin	
Amount (\$) \$35.40	Payee address; City; 208 Barton Springs Rd. Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 12/08/2025	5 Payee name Hyatt Regency Austin	
6 Amount (\$) \$36.00	7 Payee address; City; 208 Barton Springs Rd. Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/15/2025	Payee name JPMorgan Chase & Co.	
Amount (\$) \$0.10	Payee address; City; 270 Park Ave. New York, NY 10172	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/10/2025	Payee name Jon Rosenthal Campaign	
Amount (\$) \$500.00	Payee address; City; 8624 Highway 6 N. #340 Houston, TX 77064	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 10/15/2025	5 Payee name Lopez-Resendez	
6 Amount (\$) \$500.00	7 Payee address; City; 10727 Domain Dr aUSTIN, TX 78758	
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 Staff Stipend
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought
Date 09/02/2025	Payee name Lopez-Resendez	
Amount (\$) \$500.00	Payee address; City; 10727 Domain Dr Apt 126 Austin, TX 78758	
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 Staff Stipend
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office held
Date 11/17/2025	Payee name Lyft, Inc.	
Amount (\$) \$62.40	Payee address; City; 1209 Orange St. Wilmington, DE 19801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Officeholder Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 09/08/2025	5 Payee name Lyft, Inc.	
6 Amount (\$) \$22.05	7 Payee address; City; State; Zip Code 1209 Orange St. Wilmington, DE 19801	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Officeholder Transportation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/15/2025	Payee name Lyft, Inc.	
Amount (\$) \$48.77	Payee address; City; State; Zip Code 1209 Orange St. Wilmington, DE 19801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Officeholder Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/19/2025	Payee name Palmer Events Center	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 900 Barton Springs Rd. Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
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: 29/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 12/11/2025	5 Payee name Partnerships for Children	
6 Amount (\$) \$161.06	7 Payee address; City; State; Zip Code 14000 Summit Dr. Austin, TX 78728	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Pena, Priscilla	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1044 Camino La Costa Apt 2018 Austin, TX 78752	
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 Staff Stipend
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/02/2025	Payee name Planned Parenthood Texas Votes PAC	
Amount (\$) \$1,032.70	Payee address; City; State; Zip Code P.O. Box 41646 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 09/17/2025	5 Payee name Planned Parenthood of Greater Texas	
6 Amount (\$) \$1,200.00	7 Payee address; City; State; Zip Code 7424 Greenville Ave. Dallas, TX 75231	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/23/2025	Payee name Pooja Sethi Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 4321 House of York Austin, TX 78730	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name Pooja Sethi Campaign	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 4321 House of York Austin, TX 78730	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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: 31/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 10/17/2025	5 Payee name PostNet	
6 Amount (\$) \$84.19	7 Payee address; City; State; Zip Code 1401 Lavaca St. Austin, TX 78701	
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 Office Materials
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/23/2025	Payee name Premium Parking	
Amount (\$) \$13.49	Payee address; City; State; Zip Code 601 Poydras St. Suite 1500 New Orleans, LA 70130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/13/2025	Payee name Progress Texas	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 162922 Austin, TX 78716	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 11/20/2025	5 Payee name Quorum Report	
6 Amount (\$) \$389.70	7 Payee address; City; State; Zip Code 8407 S 1st St. Austin, TX 78748	
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 Newspaper Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name Revolucion Coffee	
Amount (\$) \$10.39	Payee address; City; State; Zip Code 207 San Jacinto Blvd. Suite 200 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Coffee for Officeholder
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/10/2025	Payee name Sarah Eckhardt Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 301586 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 11/10/2025	5 Payee name Shell	
6 Amount (\$) \$46.96	7 Payee address; City; State; Zip Code 3650 Highway 6 Sugar Land, TX 77478	
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 Gas for Officerholder
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	Payee name Slack Technologies, LLC	
Amount (\$) \$93.28	Payee address; City; State; Zip Code Salesforce Tower, 415 Mission St San Francisco, CA 94105	
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 Video Conferencing Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name Slack Technologies, LLC	
Amount (\$) \$105.56	Payee address; City; State; Zip Code Salesforce Tower, 415 Mission St San Francisco, CA 94105	
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 Video Conferencing Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 10/03/2025	5 Payee name Slack Technologies, LLC	
6 Amount (\$) \$72.45	7 Payee address; City; State; Zip Code Salesforce Tower, 415 Mission St San Francisco, CA 94105	
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 Video Conferencing Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/03/2025	Payee name Slack Technologies, LLC	
Amount (\$) \$65.89	Payee address; City; State; Zip Code Salesforce Tower, 415 Mission St San Francisco, CA 94105	
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 Video Conferencing Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name Slack Technologies, LLC	
Amount (\$) \$83.95	Payee address; City; State; Zip Code Salesforce Tower, 415 Mission St San Francisco, CA 94105	
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 Video Conferencing Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 07/03/2025	5 Payee name Slack Technologies, LLC	
6 Amount (\$) \$83.95	7 Payee address; City; State; Zip Code Salesforce Tower, 415 Mission St San Francisco, CA 94105	
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 Video Conferencing Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/14/2025	Payee name Southwest Airlines	
Amount (\$) \$664.97	Payee address; City; State; Zip Code 2702 Love Field Dr. Dallas, TX 75235	
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 Flight for Officeholder
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/14/2025	Payee name Southwest Airlines	
Amount (\$) \$664.97	Payee address; City; State; Zip Code 2702 Love Field Dr. Dallas, TX 75235	
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 Flight for Officeholder
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: 36/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 09/04/2025	5 Payee name Specs	
6 Amount (\$) \$50.35	7 Payee address; City; State; Zip Code 914 N. Lamar Blvd. Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food and Beverages for the End of Session
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name Starbucks Coffee	
Amount (\$) \$18.78	Payee address; City; State; Zip Code 4744 Maple Ave. Dallas, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Coffee for Officeholder during Travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name Swedish Hill	
Amount (\$) \$75.82	Payee address; City; State; Zip Code 1128 W 6th St. Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for Capitol Office Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 37/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 12/08/2025	5 Payee name Taco Cabana	
6 Amount (\$) \$21.56	7 Payee address; City; 9705 Menchaca Rd. Austin, TX 78748	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for Capitol Office Staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name Taylor Rehmet Campaign	
Amount (\$) \$500.00	Payee address; City; P.O. Box 470812 Fort Worth, TX 76147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/28/2025	Payee name Texas Blue Action Democrats	
Amount (\$) \$2,500.00	Payee address; City; PO Box 41424. Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 38/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 07/30/2025	5 Payee name Texas Democratic Party	
6 Amount (\$) \$5,000.00	7 Payee address; City; P.O. Box 15707 Austin, TX 78761	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/29/2025	Payee name Texas Freedom Network	
Amount (\$) \$1,035.20	Payee address; City; P.O. Box 1624 Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/11/2025	Payee name Texas House of Representatives	
Amount (\$) \$24.46	Payee address; City; 1100 Congress Avenue Austin, TX 78701	
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 Flag
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: 39/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 09/09/2025	5 Payee name Texas Observer	
6 Amount (\$) \$312.50	7 Payee address; City; P.O. Box 11554 Austin, TX 78711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name The Line	
Amount (\$) \$16.24	Payee address; City; 111 E Cesar Chavez St. Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for Capitol Office Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/24/2025	Payee name The New York Times	
Amount (\$) \$29.79	Payee address; City; 620 Eighth Avenue New York, NY 10018	
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 Newspaper Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 40/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130	
4 Date 11/26/2025	5 Payee name The New York Times		
6 Amount (\$) \$29.79	7 Payee address; City; 620 Eighth Avenue New York, NY 10018	State; Zip Code	
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 Newspaper Subscription	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/29/2025	Payee name The New York Times		
Amount (\$) \$29.79	Payee address; City; 620 Eighth Avenue New York, NY 10018	State; Zip Code	
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 Newspaper Subscription	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/01/2025	Payee name The New York Times		
Amount (\$) \$24.47	Payee address; City; 620 Eighth Avenue New York, NY 10018	State; Zip Code	
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 Newspaper Subscription	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 41/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130	
4 Date 09/03/2025	5 Payee name The New York Times		
6 Amount (\$) \$24.47	7 Payee address; City; 620 Eighth Avenue New York, NY 10018	State; Zip Code	
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 Newspaper Subscription	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/06/2025	Payee name The New York Times		
Amount (\$) \$24.47	Payee address; City; 620 Eighth Avenue New York, NY 10018	State; Zip Code	
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 Newspaper Subscription	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/09/2025	Payee name The New York Times		
Amount (\$) \$24.47	Payee address; City; 620 Eighth Avenue New York, NY 10018	State; Zip Code	
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 Newspaper Subscription	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 42/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 07/01/2025	5 Payee name The New York Times	
6 Amount (\$) \$24.47	7 Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018	
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 Newspaper Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name The Rocket Science Group, LLC	
Amount (\$) \$57.56	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30308	
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 Campaign Email Vendor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/06/2025	Payee name The Rocket Science Group, LLC	
Amount (\$) \$57.56	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30308	
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 Campaign Email Vendor
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: 43/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 10/06/2025	5 Payee name The Rocket Science Group, LLC	
6 Amount (\$) \$57.56	7 Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30308	
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 Campaign Email Vendor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name The Rocket Science Group, LLC	
Amount (\$) \$57.56	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30308	
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 Campaign Email Vendor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/06/2025	Payee name The Rocket Science Group, LLC	
Amount (\$) \$57.56	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30308	
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 Campaign Email Vendor
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: 44/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 07/07/2025	5 Payee name The Rocket Science Group, LLC	
6 Amount (\$) \$57.56	7 Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30308	
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 Campaign Email Vendor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name The Tavern	
Amount (\$) \$158.04	Payee address; City; State; Zip Code 922 W 12th St. Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for Capitol Office Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name The Wall Street Journal	
Amount (\$) \$4.33	Payee address; City; State; Zip Code 1211 Avenue of the Americas New York, NY 10035	
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 Newspaper Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 45/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 11/10/2025	5 Payee name The Wall Street Journal	
6 Amount (\$) \$4.33	7 Payee address; City; State; Zip Code 1211 Avenue of the Americas New York, NY 10035	
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 Newspaper Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name The Wall Street Journal	
Amount (\$) \$4.33	Payee address; City; State; Zip Code 1211 Avenue of the Americas New York, NY 10035	
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 Newspaper Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/15/2025	Payee name The Wall Street Journal	
Amount (\$) \$4.33	Payee address; City; State; Zip Code 1211 Avenue of the Americas New York, NY 10035	
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 Newspaper Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 46/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/18/2025	5 Payee name The Wall Street Journal	
6 Amount (\$) \$4.33	7 Payee address; City; State; Zip Code 1211 Avenue of the Americas New York, NY 10035	
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 Newspaper Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name Travis County Democratic Party	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 1311 E 6th St #B Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name Travis County Democratic Party	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1311 E 6th St #B Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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: 47/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/14/2025	5 Payee name United	
6 Amount (\$) \$7.43	7 Payee address; City; 233 S. Wacker Dr. Chicago, IL 60601	
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 Flight for Officeholder
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/13/2025	Payee name United	
Amount (\$) \$328.48	Payee address; City; 233 S. Wacker Dr. Chicago, IL 60601	
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 Flight for Officeholder
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/13/2025	Payee name United	
Amount (\$) \$328.48	Payee address; City; 233 S. Wacker Dr. Chicago, IL 60601	
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 Flight for Officeholder
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: 48/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 08/13/2025	5 Payee name United	
6 Amount (\$) \$265.48	7 Payee address; City; State; Zip Code 233 S. Wacker Dr. Chicago, IL 60601	
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 Flight for Officeholder
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name University Democrats PAC	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2300 Nueces St. Apt. 727 Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/21/2025	Payee name Wall Street Journal	
Amount (\$) \$4.33	Payee address; City; State; Zip Code 1211 Avenue of the Americas New York, NY 10035	
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 Newspaper Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 49/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 10/31/2025	5 Payee name Washington Post	
6 Amount (\$) \$127.92	7 Payee address; City; State; Zip Code 1301 K Street NW Washington, DC 20071	
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 Newspaper Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name Zoom Video Communications Inc.	
Amount (\$) \$18.12	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) 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 Video Conferencing Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/04/2025	Payee name Zoom Video Communications Inc.	
Amount (\$) \$18.12	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) 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 Video Conferencing Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 50/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130
4 Date 10/06/2025	5 Payee name Zoom Video Communications Inc.	
6 Amount (\$) \$18.12	7 Payee address; City; State; Zip Code 55 Almaden Blvd. 6th Floor San Jose, CA 95113	
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 Video Conferencing Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name Zoom Video Communications Inc.	
Amount (\$) \$18.12	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) 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 Video Conferencing Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name Zoom Video Communications Inc.	
Amount (\$) \$18.12	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) 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 Video Conferencing Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 51/51 Rpt:	2 FILER NAME Howard, Donna S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00042130	
4 Date 07/07/2025	5 Payee name Zoom Video Communications Inc.		
6 Amount (\$) \$18.12	7 Payee address; City; State; Zip Code 55 Almaden Blvd. 6th Floor San Jose, CA 95113		
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 Video Conferencing Subscription	
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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 1/1 Rpt: 141/141</p>
<p>2 FILER NAME Howard, Donna S. (The Honorable)</p>		<p>3 Filer ID (Ethics Commission Filers) 00042130</p>
<p>4 Date 10/01/2025</p>	<p>5 Name of person from whom amount is received Premium Parking</p>	<p>8 Amount (\$) \$13.49</p>
	<p>6 Address of person from whom amount is received; City; State; Zip Code New Orleans, LA 70130</p>	
	<p>7 Purpose for which amount is received Refund</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/14/2025</p>	<p>Name of person from whom amount is received Southwest Airlines</p>	<p>Amount (\$) \$664.97</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Austin, TX 75235</p>	
	<p>Purpose for which amount is received Refund</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/14/2025</p>	<p>Name of person from whom amount is received Southwest Airlines</p>	<p>Amount (\$) \$664.97</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Austin, TX 75235</p>	
	<p>Purpose for which amount is received Refund</p>	<input type="checkbox"/> Check if political contribution returned to filer