

**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) 00081543	2 Total pages filed: 125		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST The Honorable Erin A.	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Zwiener	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 184  Driftwood, TX 78619			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Ms.	MI			
	NICKNAME	LAST Zwiener	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 900 S. Creekwood Dr.		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Driftwood, TX 78619					
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 842-7173	EXTENSION			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
THROUGH						
10 ELECTION	ELECTION DATE Month 03/03/2026		ELECTION TYPE			
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other			
	<input type="checkbox"/> General	<input type="checkbox"/> Special				
11 OFFICE	OFFICE HELD (if any) State Representative District 45			12 OFFICE SOUGHT (if known) State Representative District 45		

**GO TO PAGE 2**

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

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

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13 C / OH NAME	Zwiener, Erin A. (The Honorable)		14 Filer ID (Ethics Commission Filers) 00081543
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 45,163.34
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 2,674.22
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 27,343.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 43,059.70
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 Erin A. Zwiener

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

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering

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

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

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

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<b>18</b> FILER NAME Zwiener, Erin A. (The Honorable)	<b>19</b> Filer ID (Ethics Commission Filers) 00081543
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 45,163.34
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	\$ 25,952.58
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 815.66
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 575.43
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/100 Rpt: 4/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, JOHN .....  <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, JOHN .....  Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, JOHN .....  Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, JOHN .....  Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, JOHN .....  Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/100 Rpt: 5/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/29/2025	<b>5</b> Full name of contributor ADAMS, JOHN ..... <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/11/2025	Full name of contributor ADAMS, JOHN ..... Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2025	Full name of contributor ADAMS, JOHN ..... Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/2025	Full name of contributor ADAMS, JOHN ..... Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/2025	Full name of contributor ADAMS, JOHN ..... Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/100 Rpt: 6/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 12/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, JOHN .....  <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, JOHN .....  Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aceti, Janet .....  Contributor address; City; State; Zip Code  Brookline, MA 02445-6883	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aidala, Heather .....  Contributor address; City; State; Zip Code  Kyle, TX 78640-5495	Amount of Contribution (\$) \$1,000.00
	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#: _____) Allen, Debbie .....  Contributor address; City; State; Zip Code  Taos, NM 87571-6574	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/100 Rpt: 7/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor Altria Group PAC	<b>7</b> Amount of Contribution (\$) \$2,500.00
	<b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20001-2155	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/04/2025	Full name of contributor Anderson, Leslie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Driftwood, TX 78619-4520	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor Andrews, Sheila	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Cedar Park, TX 78613-3576	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor Ardalan, Ard	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78704-1003	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor Arfsten, Patricia	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Costa Mesa, CA 92626-4738	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/100 Rpt: 8/125	
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543	
<b>4</b> Date 08/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arneault, Susan ..... <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76013-1102	<b>7</b> Amount of Contribution (\$)  \$10.00	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)	
Date 09/15/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arneault, Susan ..... Contributor address; City; State; Zip Code  Arlington, TX 76013-1102	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/15/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arneault, Susan ..... Contributor address; City; State; Zip Code  Arlington, TX 76013-1102	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/15/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arneault, Susan ..... Contributor address; City; State; Zip Code  Arlington, TX 76013-1102	Amount of Contribution (\$)  \$10.00
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#: _____) Baethge, Edwina ..... Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/100 Rpt: 9/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Edwina	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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 94087-1514	
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#: _____) Bailey, Gary	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Sunnyvale, CA 94087-1514	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/100 Rpt: 10/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balcombe, April	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-4531	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balcombe, April	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-4531	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barndt, Patricia	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Harleysville, PA 19438-1041	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birbeck, Karen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Pittsboro, NC 27312-9721	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackridge	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Austin, TX 78701-2152	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/100 Rpt: 11/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohr, Eric	<b>7</b> Amount of Contribution (\$) \$3.00
	<b>6</b> Contributor address; City; State; Zip Code  Castro Valley, CA 94552-1824	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borczi, Judith	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Woodside, CA 94062-0509	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boren, Ryan C.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3709	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boren, Ryan C.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3709	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boren, Ryan C.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3709	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/100 Rpt: 12/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 10/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boren, Ryan C.	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3709	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Boren, Ryan C.	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Dripping Springs, TX 78620-3709	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 12/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Boren, Ryan C.	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Dripping Springs, TX 78620-3709	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 08/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Boydston, Carolyn	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Pacific Grove, CA 93950-4330	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 07/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridge, Lynn	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Dripping Springs, TX 78620-3981	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/100 Rpt: 13/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridge, Lynn	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3981	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridge, Lynn	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3981	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridge, Lynn	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3981	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridge, Lynn	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3981	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, David	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dublin, TX 76446-1223	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/100 Rpt: 14/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Julie	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-9463	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Katherine	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-9304	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mandy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-5474	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mandy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-5474	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mandy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-5474	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/100 Rpt: 15/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mandy ..... <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-5474	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mandy ..... Contributor address; City; State; Zip Code  San Marcos, TX 78666-5474	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mandy ..... Contributor address; City; State; Zip Code  San Marcos, TX 78666-5474	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mandy ..... Contributor address; City; State; Zip Code  San Marcos, TX 78666-5474	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mandy ..... Contributor address; City; State; Zip Code  San Marcos, TX 78666-5474	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/100 Rpt: 16/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 11/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mandy .....  <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-5474	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mandy .....  Contributor address; City; State; Zip Code  San Marcos, TX 78666-5474	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mandy .....  Contributor address; City; State; Zip Code  San Marcos, TX 78666-5474	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mandy .....  Contributor address; City; State; Zip Code  San Marcos, TX 78666-5474	Amount of Contribution (\$) \$10.00
	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#: _____) Bryndza, Jessica .....  Contributor address; City; State; Zip Code  San Francisco, CA 94114-1443	Amount of Contribution (\$) \$90.91
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/100 Rpt: 17/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buffington, Marcia	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Elgin, TX 78621-5348	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calderon, Sara Ines	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Austin, TX 78715-2548	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calderon, Sara Ines	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Austin, TX 78715-2548	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carderon, Sara Ines	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Austin, TX 78715-2548	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-1113	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/100 Rpt: 18/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D .....  <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-1113	<b>7</b> Amount of Contribution (\$)  \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D .....  <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-1113	Amount of Contribution (\$)  \$50.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D .....  <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-1113	Amount of Contribution (\$)  \$50.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D .....  <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-1113	Amount of Contribution (\$)  \$20.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D .....  <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-1113	Amount of Contribution (\$)  \$20.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/100 Rpt: 19/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-1113	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 09/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Dripping Springs, TX 78620-1113	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 09/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dripping Springs, TX 78620-1113	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dripping Springs, TX 78620-1113	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dripping Springs, TX 78620-1113	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/100 Rpt: 20/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 11/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D .....  <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-1113	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D .....  <b>Contributor address; City; State; Zip Code</b>  Dripping Springs, TX 78620-1113	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	
<b>Date</b> 12/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D .....  <b>Contributor address; City; State; Zip Code</b>  Dripping Springs, TX 78620-1113	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	
<b>Date</b> 12/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D .....  <b>Contributor address; City; State; Zip Code</b>  Dripping Springs, TX 78620-1113	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	
<b>Date</b> 08/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Case, Margo .....  <b>Contributor address; City; State; Zip Code</b>  San Marcos, TX 78666-5881	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/100 Rpt: 21/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Deborah	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610-3838	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Deborah	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-3838	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Deborah	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-3838	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Deborah	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-3838	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Deborah	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-3838	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/100 Rpt: 22/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Deborah	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610-3838	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
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 65608-8522	
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#: _____) Chirlin, Gary	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Derwood, MD 20855-2043	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-2298	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-2298	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/100 Rpt: 23/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-2298	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-2298	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-2298	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-2298	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-2298	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/100 Rpt: 24/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 10/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-2298	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-2298	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-2298	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-2298	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Eleanor	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-2298	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/100 Rpt: 25/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Jennifer	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Driftwood, TX 78619-2100	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conte, Nickolas	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640-5860	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78746-4115	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78746-4115	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Austin, TX 78746-4115	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/100 Rpt: 26/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746-4115	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corrick, Danielle	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640-5937	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Cody	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-5478	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Cody	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-5478	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Cody	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-5478	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/100 Rpt: 27/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Cody	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-5478	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 11/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Cody	<b>Amount of Contribution (\$)</b> \$35.00
	<b>Contributor address; City; State; Zip Code</b>  San Marcos, TX 78666-5478	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 12/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Cody	<b>Amount of Contribution (\$)</b> \$35.00
	<b>Contributor address; City; State; Zip Code</b>  San Marcos, TX 78666-5478	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 08/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Terry	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Buda, TX 78610-5189	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 08/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, HARVEY	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Buda, TX 78610-9325	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/100 Rpt: 28/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doerr, David	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-5338	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doerr, David	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78703-5338	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doerr, David	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78703-5338	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doerr, David	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78703-5338	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doerr, David	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78703-5338	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/100 Rpt: 29/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 12/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doerr, David	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-5338	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorfman, Jocelyn	Amount of Contribution (\$) \$36.00
	Contributor address; City; State; Zip Code  Washington, DC 20008-4933	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, George	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78703-2235	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Johnson City, TX 78636-1504	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Johnson City, TX 78636-1504	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/100 Rpt: 30/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Johnson City, TX 78636-1504	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Johnson City, TX 78636-1504	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Johnson City, TX 78636-1504	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Johnson City, TX 78636-1504	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Johnson City, TX 78636-1504	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/100 Rpt: 31/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Johnson City, TX 78636-1504	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Johnson City, TX 78636-1504	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Johnson City, TX 78636-1504	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Johnson City, TX 78636-1504	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Patty	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Johnson City, TX 78636-1504	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/100 Rpt: 32/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOOTE, CAROLYN	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78745-1626	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faber, Anne	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-3288	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78745-2084	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78745-2084	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78745-2084	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/100 Rpt: 33/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78745-2084	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78745-2084	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78745-2084	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78745-2084	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FitzPatrick, Shannon	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78667-0832	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/100 Rpt: 34/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FitzPatrick, Shannon .....  <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78667-0832	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FitzPatrick, Shannon .....  Contributor address; City; State; Zip Code  San Marcos, TX 78667-0832	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FitzPatrick, Shannon .....  Contributor address; City; State; Zip Code  San Marcos, TX 78667-0832	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FitzPatrick, Shannon .....  Contributor address; City; State; Zip Code  San Marcos, TX 78667-0832	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FitzPatrick, Shannon .....  Contributor address; City; State; Zip Code  San Marcos, TX 78667-0832	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/100 Rpt: 35/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Y	<b>7</b> Amount of Contribution (\$) \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  Del Rio, TX 78840-2531	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foto, Kevin	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-2238	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freer, Kimberly	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  St George, UT 84790-1702	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fremont, Lisa	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code  Kentfield, CA 94904-2705	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fried, Fran	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Hamden, CT 06517-2705	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/100 Rpt: 36/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frohlich, Penelope ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-9051	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frohlich, Penelope ..... Contributor address; City; State; Zip Code  Austin, TX 78737-9051	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frohlich, Penelope ..... Contributor address; City; State; Zip Code  Austin, TX 78737-9051	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frohlich, Penelope ..... Contributor address; City; State; Zip Code  Austin, TX 78737-9051	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frohlich, Penelope ..... Contributor address; City; State; Zip Code  Austin, TX 78737-9051	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/100 Rpt: 37/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 12/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frohlich, Penelope	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-9051	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner Sr, Richard	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Chicago, IL 60620-3647	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garemko, Emilie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640-2973	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Gary	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640-3029	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Gary	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640-3029	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/100 Rpt: 38/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Gary	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640-3029	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Gary	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640-3029	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Gary	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640-3029	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Gary	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640-3029	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson Stoodley, Sheila	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Lowell, MA 01852-6206	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/100 Rpt: 39/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilroy, Mary	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  Driftwood, TX 78619-9723	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gondol, John	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Holly Lake Ranch, TX 75765-7179	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gondol, John	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Holly Lake Ranch, TX 75765-7179	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gondol, John	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Holly Lake Ranch, TX 75765-7179	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gondol, John	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Holly Lake Ranch, TX 75765-7179	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/100 Rpt: 40/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 11/08/2025	<b>5</b> Full name of contributor Gondol, John	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  Holly Lake Ranch, TX 75765-7179	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/08/2025	Full name of contributor Gondol, John	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Holly Lake Ranch, TX 75765-7179	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2025	Full name of contributor Goodson, Paula	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-3223	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2025	Full name of contributor Goodson, Paula	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-3223	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2025	Full name of contributor Goodson, Paula	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-3223	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/100 Rpt: 41/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodson, Paula .....  <b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610-3223	<b>7</b> Amount of Contribution (\$)  \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodson, Paula .....  Contributor address; City; State; Zip Code  Buda, TX 78610-3223	Amount of Contribution (\$)  \$10.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00266585) Greenberg Traurig PA PAC .....  Contributor address; City; State; Zip Code  Albany, NY 12207-2510	Amount of Contribution (\$)  \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg, Don .....  Contributor address; City; State; Zip Code  Sebastopol, CA 95472-9555	Amount of Contribution (\$)  \$1.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Government Fund .....  Contributor address; City; State; Zip Code  Dallas, TX 75240-5398	Amount of Contribution (\$)  \$500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/100 Rpt: 42/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hagemeier, Cookie	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Wimberley, TX 78676-1971	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
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 08542-3148	
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#: _____) Haschke, Donna	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-2827	
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#: _____) Hausler, Tom & Emily	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-4057	
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#: _____) Hawthorne, Glenda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-5098	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/100 Rpt: 43/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haygood, Leah	<b>7</b> Amount of Contribution (\$) \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  Silver Spring, MD 20902	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Kelly	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Austin, TX 78727-6416	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Kelly	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Austin, TX 78727-6416	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Kelly	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Austin, TX 78727-6416	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Kelly	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Austin, TX 78727-6416	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/100 Rpt: 44/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 11/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Kelly ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78727-6416	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Kelly ..... Contributor address; City; State; Zip Code  Austin, TX 78727-6416	Amount of Contribution (\$)  \$5.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Jay ..... Contributor address; City; State; Zip Code  Austin, TX 78726-1375	Amount of Contribution (\$)  \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Jay ..... Contributor address; City; State; Zip Code  Austin, TX 78726-1375	Amount of Contribution (\$)  \$10.00
	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#: _____) Hiller, Jay ..... Contributor address; City; State; Zip Code  Austin, TX 78726-1375	Amount of Contribution (\$)  \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/100 Rpt: 45/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Jay ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78726-1375	<b>7</b> Amount of Contribution (\$)  \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Jay ..... Contributor address; City; State; Zip Code  Austin, TX 78726-1375	Amount of Contribution (\$)  \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Jay ..... Contributor address; City; State; Zip Code  Austin, TX 78726-1375	Amount of Contribution (\$)  \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Jay ..... Contributor address; City; State; Zip Code  Austin, TX 78726-1375	Amount of Contribution (\$)  \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holman, Sully ..... Contributor address; City; State; Zip Code  San Marcos, TX 78666-3636	Amount of Contribution (\$)  \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/100 Rpt: 46/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holman, Sully	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-3636	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holman, Sully	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-3636	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holman, Sully	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-3636	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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 40219-3962	
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#: _____) Hotaling, Alan	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-2284	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/100 Rpt: 47/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulse, Donald	<b>7</b> Amount of Contribution (\$)  \$1.64
	<b>6</b> Contributor address; City; State; Zip Code  Shelton, WA 98584-1609	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchison, Marieta	Amount of Contribution (\$)  \$20.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-3404	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishibashi, Susie	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640-6513	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishibashi, Susie	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640-6513	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishibashi, Susie	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640-6513	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/100 Rpt: 48/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishibashi, Susie ..... <b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640-6513	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishibashi, Susie ..... Contributor address; City; State; Zip Code  Kyle, TX 78640-6513	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isis, Melanie ..... Contributor address; City; State; Zip Code  Silver Spring, MD 20910-4921	Amount of Contribution (\$) \$2.05
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Ann ..... Contributor address; City; State; Zip Code  San Marcos, TX 78666-1042	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Ann ..... Contributor address; City; State; Zip Code  San Marcos, TX 78666-1042	Amount of Contribution (\$) \$75.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/100 Rpt: 49/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johler, Jen	<b>7</b> Amount of Contribution (\$) \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  Apex, NC 27502-7746	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
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 97404-0329	
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#: _____) Johnson, Lucy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-2234	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lucy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-2234	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lucy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-2234	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/100 Rpt: 50/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 10/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lucy ..... <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-2234	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
<b>Date</b> 11/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lucy ..... <b>Contributor address; City; State; Zip Code</b>  San Marcos, TX 78666-2234	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	
<b>Date</b> 12/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lucy ..... <b>Contributor address; City; State; Zip Code</b>  San Marcos, TX 78666-2234	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	
<b>Date</b> 09/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carl Phillip ..... <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78769	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	
<b>Date</b> 10/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carl Phillip ..... <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78769	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/100 Rpt: 51/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 11/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carl Phillip .....  <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78769	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carl Phillip .....  <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78769	Amount of Contribution (\$) \$20.00
	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#: _____) Jurvetson, Karla .....  <b>6</b> Contributor address; City; State; Zip Code  Los Altos, CA 94022-3602	Amount of Contribution (\$) \$100.00
	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#: _____) Kaufmann, Jeffrey .....  <b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610-2613	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaura, Jana .....  <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3943	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/100 Rpt: 52/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaura, Jana ..... <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3943	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
<b>Date</b> 09/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaura, Jana ..... <b>Contributor address; City; State; Zip Code</b>  Dripping Springs, TX 78620-3943	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	
<b>Date</b> 10/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaura, Jana ..... <b>Contributor address; City; State; Zip Code</b>  Dripping Springs, TX 78620-3943	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	
<b>Date</b> 11/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaura, Jana ..... <b>Contributor address; City; State; Zip Code</b>  Dripping Springs, TX 78620-3943	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	
<b>Date</b> 12/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaura, Jana ..... <b>Contributor address; City; State; Zip Code</b>  Dripping Springs, TX 78620-3943	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/100 Rpt: 53/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerr, Mary	<b>7</b> Amount of Contribution (\$)  \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  Minneapolis, MN 55403-2319	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kling, Kelsey Altom	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kling, Kelsey Altom	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kling, Kelsey Altom	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kling, Kelsey Altom	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/100 Rpt: 54/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kling, Kelsey Altom ..... <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kling, Kelsey Altom ..... Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3962	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Mary ..... Contributor address; City; State; Zip Code  Gig Harbor, WA 98332-1849	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANCE, RACHEL ..... Contributor address; City; State; Zip Code  Austin, TX 78731-4002	Amount of Contribution (\$) \$100.00
	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#: _____) LaNew, Maryann ..... Contributor address; City; State; Zip Code  San Clemente, CA 92673-6520	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/100 Rpt: 55/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambeth, Margaret	<b>7</b> Amount of Contribution (\$) \$30.00
	<b>6</b> Contributor address; City; State; Zip Code  Blanco, TX 78606-1600	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laughlin, Ehren	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77079-3185	
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#: _____) Laumer, Diane	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-2270	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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 97739-9013	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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 07930-2637	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/100 Rpt: 56/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leatherwood, Rob ..... <b>6</b> Contributor address; City; State; Zip Code  Ventura, CA 93003-0487	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leatherwood, Rob ..... Contributor address; City; State; Zip Code  Ventura, CA 93003-0487	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leatherwood, Rob ..... Contributor address; City; State; Zip Code  Ventura, CA 93003-0487	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leatherwood, Rob ..... Contributor address; City; State; Zip Code  Ventura, CA 93003-0487	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leatherwood, Rob ..... Contributor address; City; State; Zip Code  Ventura, CA 93003-0487	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/100 Rpt: 57/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 12/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leatherwood, Rob	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Ventura, CA 93003-0487	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liddle, Melanie	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-4920	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, Jane	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Wimberley, TX 78676-3343	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Gosselink Rochelle & Townsend	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Austin, TX 78701-2478	
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#: _____) Mageau, Lorraine	Amount of Contribution (\$) \$47.00
	Contributor address; City; State; Zip Code  San Diego, CA 92123-3245	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/100 Rpt: 58/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison ..... <b>6</b> Contributor address; City; State; Zip Code  Denton, TX 76210-4637	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison ..... Contributor address; City; State; Zip Code  Denton, TX 76210-4637	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison ..... Contributor address; City; State; Zip Code  Denton, TX 76210-4637	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison ..... Contributor address; City; State; Zip Code  Denton, TX 76210-4637	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maher, Florence ..... Contributor address; City; State; Zip Code  Las Vegas, NV 89107-4440	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/100 Rpt: 59/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maher, Florence	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Las Vegas, NV 89107-4440	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maher, Helen	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Las Vegas, NV 89107-4440	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manassian, Taline	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-3794	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangan, Karen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Blanco, TX 78606-1656	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangan, Karen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Blanco, TX 78606-1656	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/100 Rpt: 60/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangan, Karen ..... <b>6</b> Contributor address; City; State; Zip Code  Blanco, TX 78606-1656	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangan, Karen ..... Contributor address; City; State; Zip Code  Blanco, TX 78606-1656	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangan, Karen ..... Contributor address; City; State; Zip Code  Blanco, TX 78606-1656	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangan, Karen ..... Contributor address; City; State; Zip Code  Blanco, TX 78606-1656	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Enrique ..... Contributor address; City; State; Zip Code  Austin, TX 78735-5411	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/100 Rpt: 61/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia .....  <b>6</b> Contributor address; City; State; Zip Code  Lewisville, TX 75077-2749	<b>7</b> Amount of Contribution (\$) \$75.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia .....  Contributor address; City; State; Zip Code  Lewisville, TX 75077-2749	Amount of Contribution (\$) \$75.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia .....  Contributor address; City; State; Zip Code  Lewisville, TX 75077-2749	Amount of Contribution (\$) \$75.00
	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#: _____) Marshall, Virginia .....  Contributor address; City; State; Zip Code  Lewisville, TX 75077-2749	Amount of Contribution (\$) \$75.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia .....  Contributor address; City; State; Zip Code  Lewisville, TX 75077-2749	Amount of Contribution (\$) \$75.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/100 Rpt: 62/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 12/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia .....  <b>6</b> Contributor address; City; State; Zip Code  Lewisville, TX 75077-2749	<b>7</b> Amount of Contribution (\$) \$75.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
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 80016-2545	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBride, Ricuard .....  Contributor address; City; State; Zip Code  San Marcos, TX 78666-4917	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCabe, Diann .....  Contributor address; City; State; Zip Code  San Marcos, TX 78666-3451	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCabe, Thomas F. .....  Contributor address; City; State; Zip Code  San Marcos, TX 78666-5058	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/100 Rpt: 63/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntyre, Pam	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-3993	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Carol	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Cypress Mill, TX 78663-8606	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Carol	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Cypress Mill, TX 78663-8606	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Carol	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Cypress Mill, TX 78663-8606	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Carol	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Cypress Mill, TX 78663-8606	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/100 Rpt: 64/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 11/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Carol	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  Cypress Mill, TX 78663-8606	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Carol	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Cypress Mill, TX 78663-8606	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mckiernan, John	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78741-7059	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mckiernan, John	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78741-7059	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mckiernan, John	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78741-7059	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/100 Rpt: 65/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 12/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKiernan, John	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78741-7059	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNair, Frances	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-5073	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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  Ewing, NJ 08628-3533	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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 67601-9650	
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#: _____) Miller, Shanley	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  San Diego, CA 92116-3642	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/100 Rpt: 66/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William	<b>7</b> Amount of Contribution (\$) \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  Los Angeles, CA 90027-4045	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, James	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Austin, TX 78731-4536	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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 95404-2927	
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#: _____) Moore, Sharon	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-5064	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, James	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78756-1021	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/100 Rpt: 67/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Debbie	<b>7</b> Amount of Contribution (\$)  \$1.66
	<b>6</b> Contributor address; City; State; Zip Code  Charlotte, NC 28277-5676	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
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 60615-2905	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newlan, Nichole	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-4529	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newlan, Nichole	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-4529	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newlan, Nichole	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-4529	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/100 Rpt: 68/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 10/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newlan, Nichole ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-4529	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
<b>Date</b> 11/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Newlan, Nichole ..... <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78737-4529	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	
<b>Date</b> 12/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Newlan, Nichole ..... <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78737-4529	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	
<b>Date</b> 08/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Monica ..... <b>Contributor address; City; State; Zip Code</b>  Dripping Springs, TX 78620-5316	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	
<b>Date</b> 07/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Carolyn ..... <b>Contributor address; City; State; Zip Code</b>  Lakeway, TX 78738-6092	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/100 Rpt: 69/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Chris ..... <b>6</b> Contributor address; City; State; Zip Code  Wimberley, TX 78676-0044	<b>7</b> Amount of Contribution (\$)  \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Chris ..... Contributor address; City; State; Zip Code  Wimberley, TX 78676-0044	Amount of Contribution (\$)  \$10.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Chris ..... Contributor address; City; State; Zip Code  Wimberley, TX 78676-0044	Amount of Contribution (\$)  \$10.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Chris ..... Contributor address; City; State; Zip Code  Wimberley, TX 78676-0044	Amount of Contribution (\$)  \$10.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Chris ..... Contributor address; City; State; Zip Code  Wimberley, TX 78676-0044	Amount of Contribution (\$)  \$10.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/100 Rpt: 70/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norris, Robert	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-2274	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nuss, Melynda	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Austin, TX 78704-5056	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nuss, Melynda	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Austin, TX 78704-5056	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nuss, Melynda	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Austin, TX 78704-5056	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nuss, Melynda	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Austin, TX 78704-5056	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/100 Rpt: 71/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 11/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nuss, Melynda	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-5056	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nuss, Melynda	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Austin, TX 78704-5056	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Hara, Mary	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Wimberley, TX 78676-4649	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Shaughnessy, Marc	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-9013	
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#: _____) Ober, Jennifer	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Wimberley, TX 78676-5508	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/100 Rpt: 72/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogletree, Shirley	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-3134	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oncor Texas State PAC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  Dallas, TX 75202-1234	
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#: _____) Overton, David	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78723-5445	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peake, Katherine Fordyce	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-0055	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perri, Shannon	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78745-6825	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/100 Rpt: 73/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perri, Shannon ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78745-6825	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perri, Shannon ..... Contributor address; City; State; Zip Code  Austin, TX 78745-6825	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perri, Shannon ..... Contributor address; City; State; Zip Code  Austin, TX 78745-6825	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perri, Shannon ..... Contributor address; City; State; Zip Code  Austin, TX 78745-6825	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perri, Shannon ..... Contributor address; City; State; Zip Code  Austin, TX 78745-6825	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/100 Rpt: 74/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plopper, Amy	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-3171	
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 12/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Clay	<b>Amount of Contribution (\$)</b> \$2,000.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78703-1721	
<b>Principal occupation / Job title (See Instructions)</b> Consultant		<b>Employer (See Instructions)</b> Self
<b>Date</b> 09/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pouliot, Lindsey	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Fargo, ND 58103-3281	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 08/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Prince, Miranda	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Des Plaines, IL 60016-2128	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 08/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Purdy, Theresa	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78737-1438	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/100 Rpt: 75/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSEN, BARRY ..... <b>6</b> Contributor address; City; State; Zip Code  Stormville, NY 12582-5302	<b>7</b> Amount of Contribution (\$)  \$2.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Alan ..... Contributor address; City; State; Zip Code  Cahokia Heights, IL 62203-1508	Amount of Contribution (\$)  \$1.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Jackie ..... Contributor address; City; State; Zip Code  Kyle, TX 78640-8926	Amount of Contribution (\$)  \$25.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Jackie ..... Contributor address; City; State; Zip Code  Kyle, TX 78640-8926	Amount of Contribution (\$)  \$25.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Jackie ..... Contributor address; City; State; Zip Code  Kyle, TX 78640-8926	Amount of Contribution (\$)  \$25.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/100 Rpt: 76/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Jackie	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640-8926	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Jackie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640-8926	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Jackie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640-8926	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Carol	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Manchester, NH 03104-5551	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Suzanne	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-4638	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/100 Rpt: 77/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Suzanne .....  <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-4638	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Suzanne .....  Contributor address; City; State; Zip Code  Austin, TX 78737-4638	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Suzanne .....  Contributor address; City; State; Zip Code  Austin, TX 78737-4638	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Suzanne .....  Contributor address; City; State; Zip Code  Austin, TX 78737-4638	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Suzanne .....  Contributor address; City; State; Zip Code  Austin, TX 78737-4638	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/100 Rpt: 78/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, MaryAnn	<b>7</b> Amount of Contribution (\$)  \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  Wyncote, PA 19095-2110	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, MARIA	Amount of Contribution (\$)  \$40.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-8346	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	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 75201-1521	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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 75201-1521	
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#: _____) Rodriguez, Linda A	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 76/100 Rpt: 79/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Jeri	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Wimberley, TX 78676-0593	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
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 02445-7508	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, April	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Metuchen, NJ 08840-2510	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seligman, Charles	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-9048	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-9067	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 77/100 Rpt: 80/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-9067	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-9067	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-9067	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-9067	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-9067	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 78/100 Rpt: 81/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry J	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-9067	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry J	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-9067	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry J	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-9067	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry J	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-9067	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry J	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-9067	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 79/100 Rpt: 82/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 12/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Terry J	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-9067	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
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 95126-1831	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Naomi	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Pittsburgh, PA 15238-1951	
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#: _____) Slagg, Barbara	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Eagan, MN 55122-1141	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, LaMarriol	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-5098	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 80/100 Rpt: 83/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Michelle	<b>7</b> Amount of Contribution (\$) \$6.58
	<b>6</b> Contributor address; City; State; Zip Code  Leesburg, VA 20175-3836	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spouse, Peter	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-2919	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spouse, Peter	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-2919	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanford, Patricia	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640-3118	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanford, Patricia	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640-3118	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 81/100 Rpt: 84/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Sandy	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640-8757	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
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 33701-4313	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Story, Barbara	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-4643	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Story, Barbara	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-4643	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-2914	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 82/100 Rpt: 85/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610-2914	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-2914	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-2914	
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#: _____) Strand, Liz	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-2914	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-2914	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 83/100 Rpt: 86/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610-2914	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-2914	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-2914	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-2914	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-2914	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 84/100 Rpt: 87/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 12/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610-2914	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Liz	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-2914	
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#: _____) Stucko, Craig	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Commack, NY 11725-1619	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudela, Eileen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-6070	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudela, Eileen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-6070	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 85/100 Rpt: 88/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudela, Eileen	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-6070	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudela, Eileen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-6070	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudela, Eileen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-6070	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudela, Eileen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-6070	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabie, Karen	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78739-2053	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 86/100 Rpt: 89/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Association .....  <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-2181	<b>7</b> Amount of Contribution (\$) \$2,000.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Lobby Partners LLP .....  Austin, TX 78701-2132	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Rural Water PAC .....  Austin, TX 78701-1683	Amount of Contribution (\$) \$750.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Sands PAC .....  Austin, TX 78701-3423	Amount of Contribution (\$) \$5,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC .....  Austin, TX 78701-1814	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 87/100 Rpt: 90/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Soechting Law Firm .....  <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-5942	<b>7</b> Amount of Contribution (\$)  \$500.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi .....  Contributor address; City; State; Zip Code  Austin, TX 78737-9119	Amount of Contribution (\$)  \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi .....  Contributor address; City; State; Zip Code  Austin, TX 78737-9119	Amount of Contribution (\$)  \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi .....  Contributor address; City; State; Zip Code  Austin, TX 78737-9119	Amount of Contribution (\$)  \$50.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi .....  Contributor address; City; State; Zip Code  Austin, TX 78737-9119	Amount of Contribution (\$)  \$50.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 88/100 Rpt: 91/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-9119	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi ..... Contributor address; City; State; Zip Code  Austin, TX 78737-9119	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi ..... Contributor address; City; State; Zip Code  Austin, TX 78737-9119	Amount of Contribution (\$) \$50.00
	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#: _____) Thomas, Kathi ..... Contributor address; City; State; Zip Code  Austin, TX 78737-9119	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi ..... Contributor address; City; State; Zip Code  Austin, TX 78737-9119	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 89/100 Rpt: 92/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 11/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-9119	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-9119	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kathi	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-9119	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeff	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640-6466	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeff	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640-6466	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 90/100 Rpt: 93/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeff ..... <b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640-6466	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeff ..... Contributor address; City; State; Zip Code  Kyle, TX 78640-6466	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeff ..... Contributor address; City; State; Zip Code  Kyle, TX 78640-6466	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeff ..... Contributor address; City; State; Zip Code  Kyle, TX 78640-6466	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Laurel ..... Contributor address; City; State; Zip Code  Austin, TX 78737-9060	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 91/100 Rpt: 94/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 07/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Laurel	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-9060	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Laurel	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-9060	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Ekelenburg, Marian	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Lansdale, PA 19446-1727	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogel, Jay	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Driftwood, TX 78619-4400	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Mary Jane	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-6076	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 92/100 Rpt: 95/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Melissa	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-4673	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Robert	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-1018	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Robert	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-1018	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Robert	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-1018	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Robert	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-1018	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 93/100 Rpt: 96/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Robert	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-1018	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Robert	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-1018	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00119008) Waste Management Employees Better Government Fund	Amount of Contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code  Washington, DC 20004-3610	
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#: _____) Webber, Mindy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Wimberley, TX 78676-5603	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Janna	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-8528	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 94/100 Rpt: 97/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Janna ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-8528	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Janna ..... Contributor address; City; State; Zip Code  Austin, TX 78737-8528	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Janna ..... Contributor address; City; State; Zip Code  Austin, TX 78737-8528	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Janna ..... Contributor address; City; State; Zip Code  Austin, TX 78737-8528	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Janna ..... Contributor address; City; State; Zip Code  Austin, TX 78737-8528	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 95/100 Rpt: 98/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wernecke, Ellen	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Chicago, IL 60657-5200	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wernecke, Ellen	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Chicago, IL 60657-5200	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wernecke, Ellen	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Chicago, IL 60657-5200	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wernecke, Ellen	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Chicago, IL 60657-5200	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wernecke, Ellen	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Chicago, IL 60657-5200	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 96/100 Rpt: 99/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 12/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wernecke, Ellen	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Chicago, IL 60657-5200	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
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 94122-2213	
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#: _____) Williams, Bailey	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640-5948	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Alamogordo, NM 88310-6413	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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 94549-4603	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 97/100 Rpt: 100/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Patrick	<b>7</b> Amount of Contribution (\$) \$27.00
	<b>6</b> Contributor address; City; State; Zip Code  Silsbee, TX 77656-6641	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Patrick	Amount of Contribution (\$) \$27.00
	Contributor address; City; State; Zip Code  Silsbee, TX 77656-6641	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Patrick	Amount of Contribution (\$) \$27.00
	Contributor address; City; State; Zip Code  Silsbee, TX 77656-6641	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Patrick	Amount of Contribution (\$) \$27.00
	Contributor address; City; State; Zip Code  Silsbee, TX 77656-6641	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Patrick	Amount of Contribution (\$) \$27.00
	Contributor address; City; State; Zip Code  Silsbee, TX 77656-6641	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 98/100 Rpt: 101/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 09/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) baethge, edwina	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) baethge, edwina	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) baethge, edwina	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) baethge, edwina	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) baethge, edwina	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 99/100 Rpt: 102/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) baethge, edwina	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) baethge, edwina	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) baethge, edwina	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666-7686	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) calderon, sara ines	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Austin, TX 78715-2548	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) calderon, sara ines	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Austin, TX 78715-2548	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 100/100 Rpt: 103/125
<b>2</b> FILER NAME Zwiener, Erin A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081543
<b>4</b> Date 12/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) calderon, sara ines <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78715-2548	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hOLMAN, Sully Contributor address; City; State; Zip Code  San Marcos, TX 78666-3636	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hOLMAN, Sully Contributor address; City; State; Zip Code  San Marcos, TX 78666-3636	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# 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: 1/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/21/2025	5 Payee name AT&T	
6 Amount (\$) \$189.66	7 Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202	
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 phone bill
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/20/2025	Payee name AT&T	
Amount (\$) \$189.66	Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202	
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 phone bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name AT&T	
Amount (\$) \$189.66	Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202	
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 phone bill
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: 2/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/20/2025	5 Payee name AT&T	
6 Amount (\$) \$189.68	7 Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202	
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 phone bill
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/20/2025	Payee name AT&T	
Amount (\$) \$199.88	Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202	
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 phone bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/22/2025	Payee name AT&T	
Amount (\$) \$199.88	Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202	
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 phone bill
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: 3/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/25/2025	5 Payee name Amazon	
6 Amount (\$) \$259.77	7 Payee address; City; State; Zip Code 410 Terry Ave N  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 08/01/2025	Payee name Amazon	
Amount (\$) \$48.70	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/29/2025	Payee name Amazon	
Amount (\$) \$130.48	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/03/2025	5 Payee name Amazon	
6 Amount (\$) \$72.40	7 Payee address; City; State; Zip Code 410 Terry Ave N  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 09/29/2025	Payee name Amazon	
Amount (\$) \$245.60	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name Amazon	
Amount (\$) \$12.96	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/16/2025	5 Payee name Amazon	
6 Amount (\$) \$41.12	7 Payee address; City; State; Zip Code 410 Terry Ave N  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 10/15/2025	Payee name Angle Mastagni	
Amount (\$) \$1,148.84	Payee address; City; State; Zip Code 507 N Sylvania Ave  Fort Worth, TX 76111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone calls
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name CFC Consulting	
Amount (\$) \$350.00	Payee address; City; State; Zip Code PO Box 301074  Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense compliance consulting
Complete 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: 6/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/01/2025	5 Payee name Centro Cultural Hispano De San Marcos	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 211 Lee St  San Marcos, TX 78666	
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 08/15/2025	Payee name Centro Cultural Hispano de San Marcos	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 211 Lee St  San Marcos, TX 78666	
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 08/02/2025	Payee name Cuauhtemoc Hall	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 1100 Patton St  San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Town Hall Rental
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: 7/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 07/01/2025	5 Payee name Google Gsuite	
6 Amount (\$) \$42.99	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/16/2025	Payee name Google Gsuite	
Amount (\$) \$142.62	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service for Boots on the Ground PAC
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/16/2025	Payee name Google Gsuite	
Amount (\$) \$142.62	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
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: 8/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/01/2025	5 Payee name Google Gsuite	
6 Amount (\$) \$54.29	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Google Gsuite	
Amount (\$) \$56.28	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name Google Gsuite	
Amount (\$) \$56.28	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
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: 9/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 11/03/2025	5 Payee name Google Gsuite	
6 Amount (\$) \$56.28	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Google Gsuite	
Amount (\$) \$56.28	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name HEB	
Amount (\$) \$191.99	Payee address; City; State; Zip Code 641 E Hopkins St  San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/04/2025	5 Payee name HEB	
6 Amount (\$) \$269.54	7 Payee address; City; State; Zip Code 641 E Hopkins St  San Marcos, TX 78666	
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 09/03/2025	Payee name HEB	
Amount (\$) \$192.17	Payee address; City; State; Zip Code 641 E Hopkins St  San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name HEB	
Amount (\$) \$123.05	Payee address; City; State; Zip Code 641 E Hopkins St  San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/02/2025	5 Payee name HEB	
6 Amount (\$) \$137.67	7 Payee address; City; State; Zip Code 641 E Hopkins St  San Marcos, TX 78666	
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 HEB	
Amount (\$) \$107.43	Payee address; City; State; Zip Code 641 E Hopkins St  San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/07/2025	Payee name HEB	
Amount (\$) \$96.05	Payee address; City; State; Zip Code 641 E Hopkins St  San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/09/2025	5 Payee name HEB	
6 Amount (\$) \$88.67	7 Payee address; City; 641 E Hopkins St  San Marcos, TX 78666	
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 11/11/2025	Payee name Hays County Democratic Party	
Amount (\$) \$750.00	Payee address; City; PO Box 204  San Marcos, TX 78667	
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 Filing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/01/2025	Payee name Hays County Democratic Party	
Amount (\$) \$1,750.00	Payee address; City; PO Box 204  San Marcos, TX 78667	
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 LET Birthday Bash Program Sponsor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/17/2025	5 Payee name Hinds, Chesley	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 10301 Ranch Road 2222 Apt 1712  Austin, TX 78730	
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 Bonus
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/28/2025	Payee name Hinds, Chesley	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 10301 Ranch Road 2222 Apt 1712  Austin, TX 78730	
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 Salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/27/2025	Payee name Hinds, Chesley	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 10301 Ranch Road 2222 Apt 1712  Austin, TX 78730	
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 Salary supplement
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: 14/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 09/25/2025	5 Payee name Hinds, Chesley	
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 10301 Ranch Road 2222 Apt 1712  Austin, TX 78730	
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 Salary supplement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/28/2025	Payee name Hinds, Chesley	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 10301 Ranch Road 2222 Apt 1712  Austin, TX 78730	
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 Salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/26/2025	Payee name Hinds, Chesley	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 10301 Ranch Road 2222 Apt 1712  Austin, TX 78730	
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 Salary supplement
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: 15/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543	
4 Date 12/26/2025	5 Payee name Hinds, Chesley		
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 10301 Ranch Road 2222 Apt 1712  Austin, TX 78730		
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 Salary supplement	
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 07/14/2025	Payee name Mailchimp		
Amount (\$) \$98.07	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Ste 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 Email software	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 08/12/2025	Payee name Mailchimp		
Amount (\$) \$98.07	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Ste 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 Email software	
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: 16/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543	
4 Date 09/12/2025	5 Payee name Mailchimp		
6 Amount (\$) \$98.07	7 Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Ste 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 Email software	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Mailchimp	Office sought Atlanta, GA 30308	Office held
Date 10/14/2025	Payee name Mailchimp		
Amount (\$) \$98.07	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Ste 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 Email software	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Mailchimp	Office sought Atlanta, GA 30308	Office held
Date 11/12/2025	Payee name Mailchimp		
Amount (\$) \$98.07	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Ste 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 Email software	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Mailchimp	Office sought Atlanta, GA 30308	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: 17/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 12/12/2025	5 Payee name Mailchimp	
6 Amount (\$) \$98.07	7 Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Ste 5000  Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name Mano Amiga San Marcos	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 174 S Guadalupe St  San Marcos, TX 78666	
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 07/02/2025	Payee name NGP Van	
Amount (\$) \$341.12	Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200  Washington, DC 20005	
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 database software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/02/2025	5 Payee name NGP Van	
6 Amount (\$) \$1,074.53	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200  Washington, DC 20005	
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 NGP Van database software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ross, Lucy	Office sought Office held
Date 12/10/2025	Payee name Ross, Lucy	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code PO Box 184  Driftwood, TX 78619	
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 Bonus
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name San Marcos Pride Festival	Office sought Office held
Date 09/12/2025	Payee name San Marcos Pride Festival	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 1876  San Marcos, TX 78667	
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 San Marcos Pride Festival	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: 19/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 10/10/2025	5 Payee name Texas Democratic Party	
6 Amount (\$) \$250.00	7 Payee address; City; 1106 Lavaca St Ste 100  Austin, TX 78701	
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 Contribution to Texas Democratic Party
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/21/2025	Payee name The Otis Hotel	
Amount (\$) \$246.76	Payee address; City; 1901 San Antonio St.  Austin, TX 78705	
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 Campaign meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/10/2025	Payee name United Way of Hays County	
Amount (\$) \$2,500.00	Payee address; City; 174 S Guadalupe St #202  San Marcos, TX 78666	
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: 20/20 Rpt:	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543
4 Date 08/01/2025	5 Payee name Wix	
6 Amount (\$) \$375.84	7 Payee address; City; State; Zip Code 500 Terry A Francois Blvd  San Francisco, CA 94158	
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 Website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Zwiener, Erin	Office sought Office held
Date 08/31/2025	Payee name Zwiener, Erin	
Amount (\$) \$1,312.18	Payee address; City; State; Zip Code PO Box 184  Driftwood, TX 78619	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for campaign expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Zwiener, Erin	Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/1 Rpt: 124/125	2 FILER NAME Zwiener, Erin A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081543
4 CREDIT CARD ISSUER	Name of financial institution USAA Visa		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 592.99
6 PAYMENT	(a) Amount Charged \$222.67	(b) Date of Charge 08/05/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Curb Franklin Square		(b) Payee address; City, State, Zip Code 11-11 34th Avenue Long Island City, NY 11106
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description taxi  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name      Office sought      Office held		

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: Sch: 1/1 Rpt: 125/125	2 FILER NAME Zwiener, Erin A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081543	
4 Date 10/18/2025	5 Payee name Aura		
6 Amount (\$) \$409.35	7 Payee address; City; State; Zip Code 250 Northern Avenue Fl3  Boston, MA 02210		
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 identify protection	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/03/2025	Payee name Chase Mastercard		
Amount (\$) \$166.08	Payee address; City; State; Zip Code PO Box 15299  Wilmington, DE 19850		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for campaign expenses	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held