

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00082985	2 Total pages filed: 111
3 COMMITTEE NAME Cambio Texas PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 135 Paseo Del Prado, STE 62 Edinburg, TX 78539		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Abel I. NICKNAME LAST SUFFIX Prado		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 135 Paseo Del Prado Ste. 62 Edinburg, TX 78537		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 135 Paseo Del Prado Ste. 62 Edinburg, TX 78537		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 330-7552		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 07/01/2025 THROUGH Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Cambio Texas PAC		13 Filer ID (Ethics Commission Filers) 00082985
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,642.35
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 30,026.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,675.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p style="text-align: right;">Abel I. Prado _____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>		

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 111

17 COMMITTEE NAME Cambio Texas PAC		18 Filer ID (Ethics Commission Filers) 00082985
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,642.35
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 30,026.99
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/95 Rpt: 4/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Kara 6 Contributor address; City; State; Zip Code Tulsa, OK 74105	7 Amount of Contribution (\$) \$1.43
8 Principal occupation / Job title (See Instructions) Cvent		9 Employer (See Instructions) Analyst
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Kara Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Cvent		Employer (See Instructions) Analyst
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Kara Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Cvent		Employer (See Instructions) Analyst
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Kara Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Cvent		Employer (See Instructions) Analyst
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Kara Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Cvent		Employer (See Instructions) Analyst

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/95 Rpt: 5/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Kara <hr/> 6 Contributor address; City; State; Zip Code Tulsa, OK 74105	7 Amount of Contribution (\$) \$1.43
8 Principal occupation / Job title (See Instructions) Cvent		9 Employer (See Instructions) Analyst
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/95 Rpt: 6/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric 6 Contributor address; City; State; Zip Code Seattle, WA 98103	7 Amount of Contribution (\$) \$2.78
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Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
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Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98103	7 Amount of Contribution (\$) \$2.78
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Eric <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballantine, Alistair <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Spotify		Employer (See Instructions) Software Engineer
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballantine, Alistair <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Spotify		Employer (See Instructions) Software Engineer
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballantine, Alistair <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Spotify		Employer (See Instructions) Software Engineer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/95 Rpt: 8/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 10/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballantine, Alistair <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11201	7 Amount of Contribution (\$) \$2.78
8 Principal occupation / Job title (See Instructions) Spotify		9 Employer (See Instructions) Software Engineer
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballantine, Alistair <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Spotify		Employer (See Instructions) Software Engineer
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballantine, Alistair <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Spotify		Employer (See Instructions) Software Engineer
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Chris <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$5.04
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Author
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Chris <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$5.04
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Author

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/95 Rpt: 9/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Chris <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757	7 Amount of Contribution (\$) \$5.04
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Author
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Chris <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$5.04
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Author
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Chris <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$5.04
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Author
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Chris <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$5.04
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Author
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Kathryn <hr/> Contributor address; City; State; Zip Code Chicago, IL 60610	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Illinois Public Health Institute		Employer (See Instructions) Public Health Nutrition

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/95 Rpt: 10/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Kathryn 6 Contributor address; City; State; Zip Code Chicago, IL 60610	7 Amount of Contribution (\$) \$1.25
8 Principal occupation / Job title (See Instructions) Illinois Public Health Institute		9 Employer (See Instructions) Public Health Nutrition
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Kathryn Contributor address; City; State; Zip Code Chicago, IL 60610	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Illinois Public Health Institute		Employer (See Instructions) Public Health Nutrition
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Kathryn Contributor address; City; State; Zip Code Chicago, IL 60610	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Illinois Public Health Institute		Employer (See Instructions) Public Health Nutrition
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Kathryn Contributor address; City; State; Zip Code Chicago, IL 60610	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Illinois Public Health Institute		Employer (See Instructions) Public Health Nutrition
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Kathryn Contributor address; City; State; Zip Code Chicago, IL 60610	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Illinois Public Health Institute		Employer (See Instructions) Public Health Nutrition

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/95 Rpt: 11/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitenbuecher, David 6 Contributor address; City; State; Zip Code San Francisco, CA 94117	7 Amount of Contribution (\$) \$1.25
8 Principal occupation / Job title (See Instructions) Farmers Business Network		9 Employer (See Instructions) Software developer
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitenbuecher, David Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Farmers Business Network		Employer (See Instructions) Software developer
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitenbuecher, David Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Farmers Business Network		Employer (See Instructions) Software developer
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitenbuecher, David Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Farmers Business Network		Employer (See Instructions) Software developer
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitenbuecher, David Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Farmers Business Network		Employer (See Instructions) Software developer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/95 Rpt: 12/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitenbuecher, David 6 Contributor address; City; State; Zip Code San Francisco, CA 94117	7 Amount of Contribution (\$) \$1.25
8 Principal occupation / Job title (See Instructions) Farmers Business Network		9 Employer (See Instructions) Software developer
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Suzanna Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Suzanna Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Suzanna Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Suzanna Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/95 Rpt: 13/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 11/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Suzanna 6 Contributor address; City; State; Zip Code Dallas, TX 75230	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Suzanna Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brubaker, Kenneth Contributor address; City; State; Zip Code White Settlement, TX 76108	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Ryder		Employer (See Instructions) Material Handler
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brubaker, Kenneth Contributor address; City; State; Zip Code White Settlement, TX 76108	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Ryder		Employer (See Instructions) Material Handler
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brubaker, Kenneth Contributor address; City; State; Zip Code White Settlement, TX 76108	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Ryder		Employer (See Instructions) Material Handler

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/95 Rpt: 14/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 10/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brubaker, Kenneth <hr/> 6 Contributor address; City; State; Zip Code White Settlement, TX 76108	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Ryder		9 Employer (See Instructions) Material Handler
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brubaker, Kenneth <hr/> Contributor address; City; State; Zip Code White Settlement, TX 76108	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Ryder		Employer (See Instructions) Material Handler
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brubaker, Kenneth <hr/> Contributor address; City; State; Zip Code White Settlement, TX 76108	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Ryder		Employer (See Instructions) Material Handler
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Frances <hr/> Contributor address; City; State; Zip Code berkeley, CA 94707	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Frances <hr/> Contributor address; City; State; Zip Code berkeley, CA 94707	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/95 Rpt: 15/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Frances 6 Contributor address; City; State; Zip Code berkeley, CA 94707	7 Amount of Contribution (\$) \$1.88
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Frances Contributor address; City; State; Zip Code berkeley, CA 94707	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Frances Contributor address; City; State; Zip Code berkeley, CA 94707	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Frances Contributor address; City; State; Zip Code berkeley, CA 94707	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily Contributor address; City; State; Zip Code Nashville, TN 37206	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Bass Berry & Sims		Employer (See Instructions) Attorney

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/95 Rpt: 16/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily 6 Contributor address; City; State; Zip Code Nashville, TN 37206	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Bass Berry & Sims		9 Employer (See Instructions) Attorney
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily Contributor address; City; State; Zip Code Nashville, TN 37206	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Bass Berry & Sims		Employer (See Instructions) Attorney
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily Contributor address; City; State; Zip Code Nashville, TN 37206	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Bass Berry & Sims		Employer (See Instructions) Attorney
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily Contributor address; City; State; Zip Code Nashville, TN 37206	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Bass Berry & Sims		Employer (See Instructions) Attorney
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily Contributor address; City; State; Zip Code Nashville, TN 37206	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Bass Berry & Sims		Employer (See Instructions) Attorney

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/95 Rpt: 17/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byers, Connor 6 Contributor address; City; State; Zip Code Woodinville, WA 98072	7 Amount of Contribution (\$) \$2.22
8 Principal occupation / Job title (See Instructions) Manson Construction Co.		9 Employer (See Instructions) AP Clerk
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byers, Connor Contributor address; City; State; Zip Code Woodinville, WA 98072	Amount of Contribution (\$) \$2.22
Principal occupation / Job title (See Instructions) Manson Construction Co.		Employer (See Instructions) AP Clerk
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byers, Connor Contributor address; City; State; Zip Code Woodinville, WA 98072	Amount of Contribution (\$) \$2.22
Principal occupation / Job title (See Instructions) Manson Construction Co.		Employer (See Instructions) AP Clerk
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byers, Connor Contributor address; City; State; Zip Code Woodinville, WA 98072	Amount of Contribution (\$) \$2.22
Principal occupation / Job title (See Instructions) Manson Construction Co.		Employer (See Instructions) AP Clerk
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byers, Connor Contributor address; City; State; Zip Code Woodinville, WA 98072	Amount of Contribution (\$) \$2.22
Principal occupation / Job title (See Instructions) Manson Construction Co.		Employer (See Instructions) AP Clerk

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/95 Rpt: 18/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byers, Connor <hr/> 6 Contributor address; City; State; Zip Code Woodinville, WA 98072	7 Amount of Contribution (\$) \$2.22
8 Principal occupation / Job title (See Instructions) Manson Construction Co.		9 Employer (See Instructions) AP Clerk
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cederblom, Adam <hr/> Contributor address; City; State; Zip Code Fair Oaks, CA 95628	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Franchise Tax Board		Employer (See Instructions) Civil servant
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Barbara <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) JCFS		Employer (See Instructions) Non Profit
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Barbara <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) JCFS		Employer (See Instructions) Non Profit
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Barbara <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) JCFS		Employer (See Instructions) Non Profit

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/95 Rpt: 19/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 10/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Barbara <hr/> 6 Contributor address; City; State; Zip Code Deerfield, IL 60015	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) JCFS		9 Employer (See Instructions) Non Profit
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Barbara <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) JCFS		Employer (See Instructions) Non Profit
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Barbara <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) JCFS		Employer (See Instructions) Non Profit
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chanin Engineering <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clive, Rebecca <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Department of Veterans Affairs		Employer (See Instructions) Research

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/95 Rpt: 20/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clive, Rebecca 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48103	7 Amount of Contribution (\$) \$1.25
8 Principal occupation / Job title (See Instructions) Department of Veterans Affairs		9 Employer (See Instructions) Research
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clive, Rebecca Contributor address; City; State; Zip Code Ann Arbor, MI 48103	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Department of Veterans Affairs		Employer (See Instructions) Research
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clive, Rebecca Contributor address; City; State; Zip Code Ann Arbor, MI 48103	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Department of Veterans Affairs		Employer (See Instructions) Research
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clive, Rebecca Contributor address; City; State; Zip Code Ann Arbor, MI 48103	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Department of Veterans Affairs		Employer (See Instructions) Research
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clive, Rebecca Contributor address; City; State; Zip Code Ann Arbor, MI 48103	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Department of Veterans Affairs		Employer (See Instructions) Research

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/95 Rpt: 21/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Tyler <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94618	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Urban Machine		9 Employer (See Instructions) Software Engineer
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Tyler <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Urban Machine		Employer (See Instructions) Software Engineer
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Tyler <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Urban Machine		Employer (See Instructions) Software Engineer
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Tyler <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Urban Machine		Employer (See Instructions) Software Engineer
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Tyler <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Urban Machine		Employer (See Instructions) Software Engineer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/95 Rpt: 22/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Tyler <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94618	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Urban Machine		9 Employer (See Instructions) Software Engineer
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotner, Adam <hr/> Contributor address; City; State; Zip Code Columbus, OH 43215	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Fusion Alliance		Employer (See Instructions) Software Engineering
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotner, Adam <hr/> Contributor address; City; State; Zip Code Columbus, OH 43215	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Fusion Alliance		Employer (See Instructions) Software Engineering
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotner, Adam <hr/> Contributor address; City; State; Zip Code Columbus, OH 43215	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Fusion Alliance		Employer (See Instructions) Software Engineering
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotner, Adam <hr/> Contributor address; City; State; Zip Code Columbus, OH 43215	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Fusion Alliance		Employer (See Instructions) Software Engineering

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/95 Rpt: 23/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 11/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotner, Adam <hr/> 6 Contributor address; City; State; Zip Code Columbus, OH 43215	7 Amount of Contribution (\$) \$3.13
8 Principal occupation / Job title (See Instructions) Fusion Alliance		9 Employer (See Instructions) Software Engineering
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotner, Adam <hr/> Contributor address; City; State; Zip Code Columbus, OH 43215	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Fusion Alliance		Employer (See Instructions) Software Engineering
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Carole <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Carole <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Carole <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/95 Rpt: 24/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 10/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Carole 6 Contributor address; City; State; Zip Code San Marcos, TX 78666	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Carole Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Carole Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Caroline Contributor address; City; State; Zip Code Dayville, CT 06241	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Caroline Contributor address; City; State; Zip Code Dayville, CT 06241	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/95 Rpt: 25/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Caroline <hr/> 6 Contributor address; City; State; Zip Code Dayville, CT 06241	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Caroline <hr/> Contributor address; City; State; Zip Code Dayville, CT 06241	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Caroline <hr/> Contributor address; City; State; Zip Code Dayville, CT 06241	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Caroline <hr/> Contributor address; City; State; Zip Code Dayville, CT 06241	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donath, Jeff <hr/> Contributor address; City; State; Zip Code Walnut, CA 91789	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) SCPMG		Employer (See Instructions) physician

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/95 Rpt: 26/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donath, Jeff 6 Contributor address; City; State; Zip Code Walnut, CA 91789	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) SCPMG		9 Employer (See Instructions) physician
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donath, Jeff Contributor address; City; State; Zip Code Walnut, CA 91789	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) SCPMG		Employer (See Instructions) physician
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donath, Jeff Contributor address; City; State; Zip Code Walnut, CA 91789	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) SCPMG		Employer (See Instructions) physician
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donath, Jeff Contributor address; City; State; Zip Code Walnut, CA 91789	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) SCPMG		Employer (See Instructions) physician
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donath, Jeff Contributor address; City; State; Zip Code Walnut, CA 91789	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) SCPMG		Employer (See Instructions) physician

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/95 Rpt: 27/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Zachary 6 Contributor address; City; State; Zip Code San Jose, CA 95129	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Santa Clara County		9 Employer (See Instructions) Community Worker
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Zachary Contributor address; City; State; Zip Code San Jose, CA 95129	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Santa Clara County		Employer (See Instructions) Community Worker
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Zachary Contributor address; City; State; Zip Code San Jose, CA 95129	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Santa Clara County		Employer (See Instructions) Community Worker
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Zachary Contributor address; City; State; Zip Code San Jose, CA 95129	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Santa Clara County		Employer (See Instructions) Community Worker
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Zachary Contributor address; City; State; Zip Code San Jose, CA 95129	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Santa Clara County		Employer (See Instructions) Community Worker

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/95 Rpt: 28/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Zachary 6 Contributor address; City; State; Zip Code San Jose, CA 95129	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Santa Clara County		9 Employer (See Instructions) Community Worker
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dufour, Timothy Contributor address; City; State; Zip Code Billerica, MA 01821	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Genuine Interactive		Employer (See Instructions) Programmer
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dufour, Timothy Contributor address; City; State; Zip Code Billerica, MA 01821	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Genuine Interactive		Employer (See Instructions) Programmer
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dufour, Timothy Contributor address; City; State; Zip Code Billerica, MA 01821	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Genuine Interactive		Employer (See Instructions) Programmer
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dufour, Timothy Contributor address; City; State; Zip Code Billerica, MA 01821	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Genuine Interactive		Employer (See Instructions) Programmer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/95 Rpt: 29/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 11/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dufour, Timothy <hr/> 6 Contributor address; City; State; Zip Code Billerica, MA 01821	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Genuine Interactive		9 Employer (See Instructions) Programmer
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dufour, Timothy <hr/> Contributor address; City; State; Zip Code Billerica, MA 01821	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Genuine Interactive		Employer (See Instructions) Programmer
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine, Laura <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90034	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) UCLA		Employer (See Instructions) Professor
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine, Laura <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90034	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) UCLA		Employer (See Instructions) Professor
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine, Laura <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90034	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) UCLA		Employer (See Instructions) Professor

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/95 Rpt: 30/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 10/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine, Laura <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90034	7 Amount of Contribution (\$) \$2.78
8 Principal occupation / Job title (See Instructions) UCLA		9 Employer (See Instructions) Professor
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine, Laura <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90034	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) UCLA		Employer (See Instructions) Professor
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine, Laura <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90034	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) UCLA		Employer (See Instructions) Professor
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Travis <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02481	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) UMass Chan Medical School		Employer (See Instructions) Scientist
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Travis <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02481	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) UMass Chan Medical School		Employer (See Instructions) Scientist

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/95 Rpt: 31/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Travis <hr/> 6 Contributor address; City; State; Zip Code Wellesley, MA 02481	7 Amount of Contribution (\$) \$1.88
8 Principal occupation / Job title (See Instructions) UMass Chan Medical School		9 Employer (See Instructions) Scientist
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Travis <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02481	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) UMass Chan Medical School		Employer (See Instructions) Scientist
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Travis <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02481	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) UMass Chan Medical School		Employer (See Instructions) Scientist
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Travis <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02481	Amount of Contribution (\$) \$1.88
Principal occupation / Job title (See Instructions) UMass Chan Medical School		Employer (See Instructions) Scientist
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Tracey <hr/> Contributor address; City; State; Zip Code Los Gatos, CA 95032	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Varian Medical Systems		Employer (See Instructions) Marketing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/95 Rpt: 32/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Tracey <hr/> 6 Contributor address; City; State; Zip Code Los Gatos, CA 95032	7 Amount of Contribution (\$) \$3.58
8 Principal occupation / Job title (See Instructions) Varian Medical Systems		9 Employer (See Instructions) Marketing
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Tracey <hr/> Contributor address; City; State; Zip Code Los Gatos, CA 95032	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Varian Medical Systems		Employer (See Instructions) Marketing
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Tracey <hr/> Contributor address; City; State; Zip Code Los Gatos, CA 95032	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Varian Medical Systems		Employer (See Instructions) Marketing
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Tracey <hr/> Contributor address; City; State; Zip Code Los Gatos, CA 95032	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Varian Medical Systems		Employer (See Instructions) Marketing
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Tracey <hr/> Contributor address; City; State; Zip Code Los Gatos, CA 95032	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) Varian Medical Systems		Employer (See Instructions) Marketing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/95 Rpt: 33/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOERO International <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garton, Theresa <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73131	Amount of Contribution (\$) \$14.29
Principal occupation / Job title (See Instructions) Integrus Medical Group		Employer (See Instructions) Physician
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garton, Theresa <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73131	Amount of Contribution (\$) \$14.29
Principal occupation / Job title (See Instructions) Integrus Medical Group		Employer (See Instructions) Physician
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garton, Theresa <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73131	Amount of Contribution (\$) \$14.29
Principal occupation / Job title (See Instructions) Integrus Medical Group		Employer (See Instructions) Physician
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garton, Theresa <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73131	Amount of Contribution (\$) \$14.29
Principal occupation / Job title (See Instructions) Integrus Medical Group		Employer (See Instructions) Physician

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/95 Rpt: 34/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 11/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garton, Theresa <hr/> 6 Contributor address; City; State; Zip Code Oklahoma City, OK 73131	7 Amount of Contribution (\$) \$14.29
8 Principal occupation / Job title (See Instructions) Integris Medical Group		9 Employer (See Instructions) Physician
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garton, Theresa <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73131	Amount of Contribution (\$) \$14.29
Principal occupation / Job title (See Instructions) Integris Medical Group		Employer (See Instructions) Physician
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilg, Lawrence <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilg, Lawrence <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilg, Lawrence <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/95 Rpt: 35/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 10/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilg, Lawrence <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78751	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilg, Lawrence <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilg, Lawrence <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff, Philip <hr/> Contributor address; City; State; Zip Code Fulton, MD 20759	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) JHU APL		Employer (See Instructions) Data Scientist
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haisfield, Misty <hr/> Contributor address; City; State; Zip Code Thornton, CO 80241	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Medtronic		Employer (See Instructions) Accountant

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/95 Rpt: 36/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haisfield, Misty 6 Contributor address; City; State; Zip Code Thornton, CO 80241	7 Amount of Contribution (\$) \$3.57
8 Principal occupation / Job title (See Instructions) Medtronic		9 Employer (See Instructions) Accountant
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haisfield, Misty Contributor address; City; State; Zip Code Thornton, CO 80241	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Medtronic		Employer (See Instructions) Accountant
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haisfield, Misty Contributor address; City; State; Zip Code Thornton, CO 80241	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Medtronic		Employer (See Instructions) Accountant
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haisfield, Misty Contributor address; City; State; Zip Code Thornton, CO 80241	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Medtronic		Employer (See Instructions) Accountant
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haisfield, Misty Contributor address; City; State; Zip Code Thornton, CO 80241	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Medtronic		Employer (See Instructions) Accountant

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/95 Rpt: 37/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, George <hr/> 6 Contributor address; City; State; Zip Code Issaquah, WA 98029	7 Amount of Contribution (\$) \$3.13
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Manager
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, George <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Manager
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, George <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Manager
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, George <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Manager
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, George <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Manager

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/95 Rpt: 38/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Joseph <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92102	7 Amount of Contribution (\$) \$4.55
8 Principal occupation / Job title (See Instructions) Foresight Sports		9 Employer (See Instructions) Project Manager
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Joseph <hr/> Contributor address; City; State; Zip Code San Diego, CA 92102	Amount of Contribution (\$) \$4.55
Principal occupation / Job title (See Instructions) Foresight Sports		Employer (See Instructions) Project Manager
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Joseph <hr/> Contributor address; City; State; Zip Code San Diego, CA 92102	Amount of Contribution (\$) \$4.55
Principal occupation / Job title (See Instructions) Foresight Sports		Employer (See Instructions) Project Manager
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Joseph <hr/> Contributor address; City; State; Zip Code San Diego, CA 92102	Amount of Contribution (\$) \$4.55
Principal occupation / Job title (See Instructions) Foresight Sports		Employer (See Instructions) Project Manager
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Joseph <hr/> Contributor address; City; State; Zip Code San Diego, CA 92102	Amount of Contribution (\$) \$4.55
Principal occupation / Job title (See Instructions) Foresight Sports		Employer (See Instructions) Project Manager

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/95 Rpt: 39/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Joseph <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92102	7 Amount of Contribution (\$) \$4.55
8 Principal occupation / Job title (See Instructions) Foresight Sports		9 Employer (See Instructions) Project Manager
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haverkamp, Rita M <hr/> Contributor address; City; State; Zip Code El Cajon, CA 92020	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Rn
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haverkamp, Rita M <hr/> Contributor address; City; State; Zip Code El Cajon, CA 92020	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Rn
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haverkamp, Rita M <hr/> Contributor address; City; State; Zip Code El Cajon, CA 92020	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Rn
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haverkamp, Rita M <hr/> Contributor address; City; State; Zip Code El Cajon, CA 92020	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Rn

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/95 Rpt: 40/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haverkamp, Rita M <hr/> 6 Contributor address; City; State; Zip Code El Cajon, CA 92020	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Rn
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haverkamp, Rita M <hr/> Contributor address; City; State; Zip Code El Cajon, CA 92020	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Rn
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holstein, Susan <hr/> Contributor address; City; State; Zip Code Everett, WA 98208	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) SSA		Employer (See Instructions) Senior Management Analyst
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holstein, Susan <hr/> Contributor address; City; State; Zip Code Everett, WA 98208	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) SSA		Employer (See Instructions) Senior Management Analyst
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holstein, Susan <hr/> Contributor address; City; State; Zip Code Everett, WA 98208	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) SSA		Employer (See Instructions) Senior Management Analyst

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/95 Rpt: 41/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holstein, Susan <hr/> 6 Contributor address; City; State; Zip Code Everett, WA 98208	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) SSA		9 Employer (See Instructions) Senior Management Analyst
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holstein, Susan <hr/> Contributor address; City; State; Zip Code Everett, WA 98208	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) SSA		Employer (See Instructions) Senior Management Analyst
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holstein, Susan <hr/> Contributor address; City; State; Zip Code Everett, WA 98208	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) SSA		Employer (See Instructions) Senior Management Analyst
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, Sue <hr/> Contributor address; City; State; Zip Code Robbinsville, NJ 08690	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Acadia Pharmaceutical		Employer (See Instructions) Director PV Systems
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, Sue <hr/> Contributor address; City; State; Zip Code Robbinsville, NJ 08690	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Acadia Pharmaceutical		Employer (See Instructions) Director PV Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/95 Rpt: 42/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, Sue <hr/> 6 Contributor address; City; State; Zip Code Robbinsville, NJ 08690	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Acadia Pharmaceutical		9 Employer (See Instructions) Director PV Systems
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, Sue <hr/> Contributor address; City; State; Zip Code Robbinsville, NJ 08690	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Acadia Pharmaceutical		Employer (See Instructions) Director PV Systems
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, Sue <hr/> Contributor address; City; State; Zip Code Robbinsville, NJ 08690	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Acadia Pharmaceutical		Employer (See Instructions) Director PV Systems
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horan, Sue <hr/> Contributor address; City; State; Zip Code Robbinsville, NJ 08690	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Acadia Pharmaceutical		Employer (See Instructions) Director PV Systems
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorge, Gonzalez <hr/> Contributor address; City; State; Zip Code Weslaco, TX 78599	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/95 Rpt: 43/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Greg <hr/> 6 Contributor address; City; State; Zip Code South Boston, MA 02127	7 Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
8 Principal occupation / Job title (See Instructions) Akamai Technologies		9 Employer (See Instructions) Financial Analyst
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Greg <hr/> Contributor address; City; State; Zip Code South Boston, MA 02127	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Akamai Technologies		Employer (See Instructions) Financial Analyst
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Greg <hr/> Contributor address; City; State; Zip Code South Boston, MA 02127	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Akamai Technologies		Employer (See Instructions) Financial Analyst
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Greg <hr/> Contributor address; City; State; Zip Code South Boston, MA 02127	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Akamai Technologies		Employer (See Instructions) Financial Analyst
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Greg <hr/> Contributor address; City; State; Zip Code South Boston, MA 02127	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Akamai Technologies		Employer (See Instructions) Financial Analyst

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/95 Rpt: 44/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Greg <hr/> 6 Contributor address; City; State; Zip Code South Boston, MA 02127	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Akamai Technologies		9 Employer (See Instructions) Financial Analyst
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirsch, Joey <hr/> Contributor address; City; State; Zip Code West Orange, NJ 07052	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirsch, Joey <hr/> Contributor address; City; State; Zip Code West Orange, NJ 07052	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirsch, Joey <hr/> Contributor address; City; State; Zip Code West Orange, NJ 07052	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirsch, Joey <hr/> Contributor address; City; State; Zip Code West Orange, NJ 07052	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/95 Rpt: 45/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 11/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirsch, Joey <hr/> 6 Contributor address; City; State; Zip Code West Orange, NJ 07052	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirsch, Joey <hr/> Contributor address; City; State; Zip Code West Orange, NJ 07052	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahm, Paul <hr/> Contributor address; City; State; Zip Code West Chester, PA 19380	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Scoir Inc		Employer (See Instructions) Software QA Manager
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahm, Paul <hr/> Contributor address; City; State; Zip Code West Chester, PA 19380	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Scoir Inc		Employer (See Instructions) Software QA Manager
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahm, Paul <hr/> Contributor address; City; State; Zip Code West Chester, PA 19380	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Scoir Inc		Employer (See Instructions) Software QA Manager

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/95 Rpt: 46/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 10/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahm, Paul <hr/> 6 Contributor address; City; State; Zip Code West Chester, PA 19380	7 Amount of Contribution (\$) \$1.25
8 Principal occupation / Job title (See Instructions) Scoir Inc		9 Employer (See Instructions) Software QA Manager
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahm, Paul <hr/> Contributor address; City; State; Zip Code West Chester, PA 19380	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Scoir Inc		Employer (See Instructions) Software QA Manager
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahm, Paul <hr/> Contributor address; City; State; Zip Code West Chester, PA 19380	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Scoir Inc		Employer (See Instructions) Software QA Manager
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laudadio, Robert <hr/> Contributor address; City; State; Zip Code Harrison, NJ 07029	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) JP Morgan Chase		Employer (See Instructions) Cybersecurity Analyst
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laudadio, Robert <hr/> Contributor address; City; State; Zip Code Harrison, NJ 07029	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) JP Morgan Chase		Employer (See Instructions) Cybersecurity Analyst

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/95 Rpt: 47/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laudadio, Robert <hr/> 6 Contributor address; City; State; Zip Code Harrison, NJ 07029	7 Amount of Contribution (\$) \$3.57
8 Principal occupation / Job title (See Instructions) JP Morgan Chase		9 Employer (See Instructions) Cybersecurity Analyst
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laudadio, Robert <hr/> Contributor address; City; State; Zip Code Harrison, NJ 07029	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) JP Morgan Chase		Employer (See Instructions) Cybersecurity Analyst
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laudadio, Robert <hr/> Contributor address; City; State; Zip Code Harrison, NJ 07029	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) JP Morgan Chase		Employer (See Instructions) Cybersecurity Analyst
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laudadio, Robert <hr/> Contributor address; City; State; Zip Code Harrison, NJ 07029	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) JP Morgan Chase		Employer (See Instructions) Cybersecurity Analyst
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Patrice <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) George Mason University		Employer (See Instructions) Nurse Practitioner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/95 Rpt: 48/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Patrice 6 Contributor address; City; State; Zip Code Fairfax, VA 22032	7 Amount of Contribution (\$) \$1.43
8 Principal occupation / Job title (See Instructions) George Mason University		9 Employer (See Instructions) Nurse Practitioner
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Patrice Contributor address; City; State; Zip Code Fairfax, VA 22032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) George Mason University		Employer (See Instructions) Nurse Practitioner
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Patrice Contributor address; City; State; Zip Code Fairfax, VA 22032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) George Mason University		Employer (See Instructions) Nurse Practitioner
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Patrice Contributor address; City; State; Zip Code Fairfax, VA 22032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) George Mason University		Employer (See Instructions) Nurse Practitioner
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Patrice Contributor address; City; State; Zip Code Fairfax, VA 22032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) George Mason University		Employer (See Instructions) Nurse Practitioner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/95 Rpt: 49/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liljestrom, Allison <hr/> 6 Contributor address; City; State; Zip Code Jackson, WY 83002	7 Amount of Contribution (\$) \$1.24
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liljestrom, Allison <hr/> Contributor address; City; State; Zip Code Jackson, WY 83002	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liljestrom, Allison <hr/> Contributor address; City; State; Zip Code Jackson, WY 83002	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liljestrom, Allison <hr/> Contributor address; City; State; Zip Code Jackson, WY 83002	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liljestrom, Allison <hr/> Contributor address; City; State; Zip Code Jackson, WY 83002	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/95 Rpt: 50/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liljestrom, Allison <hr/> 6 Contributor address; City; State; Zip Code Jackson, WY 83002	7 Amount of Contribution (\$) <div style="text-align: right;">\$1.24</div>
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipton, Avi <hr/> Contributor address; City; State; Zip Code Boston, MA 02134	Amount of Contribution (\$) <div style="text-align: right;">\$5.40</div>
Principal occupation / Job title (See Instructions) Harvard University		Employer (See Instructions) Phd Student
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipton, Avi <hr/> Contributor address; City; State; Zip Code Boston, MA 02134	Amount of Contribution (\$) <div style="text-align: right;">\$5.40</div>
Principal occupation / Job title (See Instructions) Harvard University		Employer (See Instructions) Phd Student
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipton, Avi <hr/> Contributor address; City; State; Zip Code Boston, MA 02134	Amount of Contribution (\$) <div style="text-align: right;">\$5.40</div>
Principal occupation / Job title (See Instructions) Harvard University		Employer (See Instructions) Phd Student
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipton, Avi <hr/> Contributor address; City; State; Zip Code Boston, MA 02134	Amount of Contribution (\$) <div style="text-align: right;">\$5.40</div>
Principal occupation / Job title (See Instructions) Harvard University		Employer (See Instructions) Phd Student

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/95 Rpt: 51/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipton, Avi 6 Contributor address; City; State; Zip Code Boston, MA 02134	7 Amount of Contribution (\$) \$5.40
8 Principal occupation / Job title (See Instructions) Harvard University		9 Employer (See Instructions) Phd Student
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipton, Avi Contributor address; City; State; Zip Code Boston, MA 02134	Amount of Contribution (\$) \$5.40
Principal occupation / Job title (See Instructions) Harvard University		Employer (See Instructions) Phd Student
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddock, Janelle Contributor address; City; State; Zip Code Kissimmee, FL 34741	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Disney Cruise Line		Employer (See Instructions) System Analyst
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddock, Janelle Contributor address; City; State; Zip Code Kissimmee, FL 34741	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Disney Cruise Line		Employer (See Instructions) System Analyst
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddock, Janelle Contributor address; City; State; Zip Code Kissimmee, FL 34741	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Disney Cruise Line		Employer (See Instructions) System Analyst

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/95 Rpt: 52/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 10/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddock, Janelle <hr/> 6 Contributor address; City; State; Zip Code Kissimmee, FL 34741	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Disney Cruise Line		9 Employer (See Instructions) System Analyst
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddock, Janelle <hr/> Contributor address; City; State; Zip Code Kissimmee, FL 34741	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Disney Cruise Line		Employer (See Instructions) System Analyst
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddock, Janelle <hr/> Contributor address; City; State; Zip Code Kissimmee, FL 34741	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Disney Cruise Line		Employer (See Instructions) System Analyst
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahdavi, Jennifer <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95405	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) CSU		Employer (See Instructions) Professor
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahdavi, Jennifer <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95405	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) CSU		Employer (See Instructions) Professor

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/95 Rpt: 53/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahdavi, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Santa Rosa, CA 95405	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) CSU		9 Employer (See Instructions) Professor
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahdavi, Jennifer <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95405	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) CSU		Employer (See Instructions) Professor
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahdavi, Jennifer <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95405	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) CSU		Employer (See Instructions) Professor
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahdavi, Jennifer <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95405	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) CSU		Employer (See Instructions) Professor
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahoney, Tim <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) Lawyer & Com. Planner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/95 Rpt: 54/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangiamele, David <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11226	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) SeatGeek		9 Employer (See Instructions) Client Services Specialist
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangiamele, David <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) SeatGeek		Employer (See Instructions) Client Services Specialist
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangiamele, David <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) SeatGeek		Employer (See Instructions) Client Services Specialist
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangiamele, David <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) SeatGeek		Employer (See Instructions) Client Services Specialist
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangiamele, David <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) SeatGeek		Employer (See Instructions) Client Services Specialist

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/95 Rpt: 55/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangiamele, David <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11226	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) SeatGeek		9 Employer (See Instructions) Client Services Specialist
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Fran <hr/> Contributor address; City; State; Zip Code Farmington, NM 87401-8629	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Fran <hr/> Contributor address; City; State; Zip Code Farmington, NM 87401-8629	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Fran <hr/> Contributor address; City; State; Zip Code Farmington, NM 87401-8629	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Fran <hr/> Contributor address; City; State; Zip Code Farmington, NM 87401-8629	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/95 Rpt: 56/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Fran <hr/> 6 Contributor address; City; State; Zip Code Farmington, NM 87401-8629	7 Amount of Contribution (\$) \$2.78
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Fran <hr/> Contributor address; City; State; Zip Code Farmington, NM 87401-8629	Amount of Contribution (\$) \$2.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCann, Sean <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Zynga Inc		Employer (See Instructions) Manager
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCann, Sean <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Zynga Inc		Employer (See Instructions) Manager
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCann, Sean <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Zynga Inc		Employer (See Instructions) Manager

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/95 Rpt: 57/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 10/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCann, Sean <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94117	7 Amount of Contribution (\$) \$3.13
8 Principal occupation / Job title (See Instructions) Zynga Inc		9 Employer (See Instructions) Manager
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCann, Sean <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Zynga Inc		Employer (See Instructions) Manager
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCann, Sean <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Zynga Inc		Employer (See Instructions) Manager
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Patrick <hr/> Contributor address; City; State; Zip Code Cheney, WA 99004	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Patrick <hr/> Contributor address; City; State; Zip Code Cheney, WA 99004	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/95 Rpt: 58/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Patrick <hr/> 6 Contributor address; City; State; Zip Code Cheney, WA 99004	7 Amount of Contribution (\$) \$2.08
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Patrick <hr/> Contributor address; City; State; Zip Code Cheney, WA 99004	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Patrick <hr/> Contributor address; City; State; Zip Code Cheney, WA 99004	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Patrick <hr/> Contributor address; City; State; Zip Code Cheney, WA 99004	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulcahy-Libel, Kelly <hr/> Contributor address; City; State; Zip Code Des Plaines, IL 60018	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/95 Rpt: 59/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulcahy-Libel, Kelly 6 Contributor address; City; State; Zip Code Des Plaines, IL 60018	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self Employed
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulcahy-Libel, Kelly Contributor address; City; State; Zip Code Des Plaines, IL 60018	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulcahy-Libel, Kelly Contributor address; City; State; Zip Code Des Plaines, IL 60018	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulcahy-Libel, Kelly Contributor address; City; State; Zip Code Des Plaines, IL 60018	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulcahy-Libel, Kelly Contributor address; City; State; Zip Code Des Plaines, IL 60018	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/95 Rpt: 60/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Leonardo 6 Contributor address; City; State; Zip Code Weslaco, TX 78596	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nispel, Shanna Contributor address; City; State; Zip Code San Jose, CA 95135	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nispel, Shanna Contributor address; City; State; Zip Code San Jose, CA 95135	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nispel, Shanna Contributor address; City; State; Zip Code San Jose, CA 95135	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nispel, Shanna Contributor address; City; State; Zip Code San Jose, CA 95135	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/95 Rpt: 61/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nispel, Shanna <hr/> 6 Contributor address; City; State; Zip Code San Jose, CA 95135	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nispel, Shanna <hr/> Contributor address; City; State; Zip Code San Jose, CA 95135	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacchiana, Adam <hr/> Contributor address; City; State; Zip Code Sandy Hook, CT 06482	Amount of Contribution (\$) \$2.27
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palumbo, Pamela <hr/> Contributor address; City; State; Zip Code Lake Clear, NY 12945	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palumbo, Pamela <hr/> Contributor address; City; State; Zip Code Lake Clear, NY 12945	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/95 Rpt: 62/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palumbo, Pamela <hr/> 6 Contributor address; City; State; Zip Code Lake Clear, NY 12945	7 Amount of Contribution (\$) \$1.43
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palumbo, Pamela <hr/> Contributor address; City; State; Zip Code Lake Clear, NY 12945	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palumbo, Pamela <hr/> Contributor address; City; State; Zip Code Lake Clear, NY 12945	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palumbo, Pamela <hr/> Contributor address; City; State; Zip Code Lake Clear, NY 12945	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petrichor, Emily <hr/> Contributor address; City; State; Zip Code Crownsville, MD 21032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) Horse Trainer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/95 Rpt: 63/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petrichor, Emily <hr/> 6 Contributor address; City; State; Zip Code Crownsville, MD 21032	7 Amount of Contribution (\$) \$1.43
8 Principal occupation / Job title (See Instructions) self employed		9 Employer (See Instructions) Horse Trainer
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petrichor, Emily <hr/> Contributor address; City; State; Zip Code Crownsville, MD 21032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) Horse Trainer
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petrichor, Emily <hr/> Contributor address; City; State; Zip Code Crownsville, MD 21032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) Horse Trainer
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petrichor, Emily <hr/> Contributor address; City; State; Zip Code Crownsville, MD 21032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) Horse Trainer
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petrichor, Emily <hr/> Contributor address; City; State; Zip Code Crownsville, MD 21032	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) Horse Trainer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/95 Rpt: 64/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prevas, Frances 6 Contributor address; City; State; Zip Code Lawndale, CA 90260	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Prosum Inc.		9 Employer (See Instructions) computer consultant
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prevas, Frances Contributor address; City; State; Zip Code Lawndale, CA 90260	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Prosum Inc.		Employer (See Instructions) computer consultant
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prevas, Frances Contributor address; City; State; Zip Code Lawndale, CA 90260	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Prosum Inc.		Employer (See Instructions) computer consultant
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prevas, Frances Contributor address; City; State; Zip Code Lawndale, CA 90260	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Prosum Inc.		Employer (See Instructions) computer consultant
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prevas, Frances Contributor address; City; State; Zip Code Lawndale, CA 90260	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Prosum Inc.		Employer (See Instructions) computer consultant

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/95 Rpt: 65/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prevas, Frances <hr/> 6 Contributor address; City; State; Zip Code Lawndale, CA 90260	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Prosum Inc.		9 Employer (See Instructions) computer consultant
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Przewlocki, Sunita <hr/> Contributor address; City; State; Zip Code Hilo, HI 96720	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Realtor
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Przewlocki, Sunita <hr/> Contributor address; City; State; Zip Code Hilo, HI 96720	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Realtor
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Przewlocki, Sunita <hr/> Contributor address; City; State; Zip Code Hilo, HI 96720	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Realtor
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Przewlocki, Sunita <hr/> Contributor address; City; State; Zip Code Hilo, HI 96720	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Realtor

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/95 Rpt: 66/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Przewlocki, Sunita <hr/> 6 Contributor address; City; State; Zip Code Hilo, HI 96720	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Realtor
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Przewlocki, Sunita <hr/> Contributor address; City; State; Zip Code Hilo, HI 96720	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Realtor
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$7.15
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Doctor
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Doctor
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$7.15
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Doctor

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> 6 Contributor address; City; State; Zip Code morganville, NJ 07751	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Doctor
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$7.15
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Doctor
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Doctor
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$7.15
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Doctor
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Doctor

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/95 Rpt: 68/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 11/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> 6 Contributor address; City; State; Zip Code morganville, NJ 07751	7 Amount of Contribution (\$) \$7.15
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Doctor
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Doctor
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$7.15
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Doctor
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajaraman, Ravindran <hr/> Contributor address; City; State; Zip Code morganville, NJ 07751	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Doctor
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raul, Palma <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/95 Rpt: 69/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redgate, Christopher <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90807	7 Amount of Contribution (\$) <div style="text-align: right;">\$1.25</div>
8 Principal occupation / Job title (See Instructions) Los Angeles County		9 Employer (See Instructions) Physician
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redgate, Christopher <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90807	Amount of Contribution (\$) <div style="text-align: right;">\$1.25</div>
Principal occupation / Job title (See Instructions) Los Angeles County		Employer (See Instructions) Physician
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redgate, Christopher <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90807	Amount of Contribution (\$) <div style="text-align: right;">\$1.25</div>
Principal occupation / Job title (See Instructions) Los Angeles County		Employer (See Instructions) Physician
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redgate, Christopher <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90807	Amount of Contribution (\$) <div style="text-align: right;">\$1.25</div>
Principal occupation / Job title (See Instructions) Los Angeles County		Employer (See Instructions) Physician
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redgate, Christopher <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90807	Amount of Contribution (\$) <div style="text-align: right;">\$1.25</div>
Principal occupation / Job title (See Instructions) Los Angeles County		Employer (See Instructions) Physician

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/95 Rpt: 70/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redgate, Christopher <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90807	7 Amount of Contribution (\$) \$1.25
8 Principal occupation / Job title (See Instructions) Los Angeles County		9 Employer (See Instructions) Physician
Date 07/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reymann, Katherine <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84108	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) League of Women Voters - SLC		Employer (See Instructions) Naturalization Voter Registration Coordinator
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reymann, Katherine <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84108	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) League of Women Voters - SLC		Employer (See Instructions) Naturalization Voter Registration Coordinator
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reymann, Katherine <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84108	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) League of Women Voters - SLC		Employer (See Instructions) Naturalization Voter Registration Coordinator
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reymann, Katherine <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84108	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) League of Women Voters - SLC		Employer (See Instructions) Naturalization Voter Registration Coordinator

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/95 Rpt: 71/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reymann, Katherine <hr/> 6 Contributor address; City; State; Zip Code Salt Lake City, UT 84108	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) League of Women Voters - SLC		9 Employer (See Instructions) Naturalization Voter Registration Coordinator
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockman, Charlie <hr/> Contributor address; City; State; Zip Code Portland, OR 97213	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Operational Strategy
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockman, Charlie <hr/> Contributor address; City; State; Zip Code Portland, OR 97213	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Operational Strategy
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockman, Charlie <hr/> Contributor address; City; State; Zip Code Portland, OR 97213	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Operational Strategy
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockman, Charlie <hr/> Contributor address; City; State; Zip Code Portland, OR 97213	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Operational Strategy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/95 Rpt: 72/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 11/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockman, Charlie <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97213	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Operational Strategy
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockman, Charlie <hr/> Contributor address; City; State; Zip Code Portland, OR 97213	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Operational Strategy
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roseman, Stuart <hr/> Contributor address; City; State; Zip Code Boston, MA 02116	Amount of Contribution (\$) \$31.25
Principal occupation / Job title (See Instructions) SaneBox		Employer (See Instructions) Engineer
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roseman, Stuart <hr/> Contributor address; City; State; Zip Code Boston, MA 02116	Amount of Contribution (\$) \$31.25
Principal occupation / Job title (See Instructions) SaneBox		Employer (See Instructions) Engineer
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roseman, Stuart <hr/> Contributor address; City; State; Zip Code Boston, MA 02116	Amount of Contribution (\$) \$31.25
Principal occupation / Job title (See Instructions) SaneBox		Employer (See Instructions) Engineer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/95 Rpt: 73/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 10/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roseman, Stuart <hr/> 6 Contributor address; City; State; Zip Code Boston, MA 02116	7 Amount of Contribution (\$) \$31.25
8 Principal occupation / Job title (See Instructions) SaneBox		9 Employer (See Instructions) Engineer
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roseman, Stuart <hr/> Contributor address; City; State; Zip Code Boston, MA 02116	Amount of Contribution (\$) \$31.25
Principal occupation / Job title (See Instructions) SaneBox		Employer (See Instructions) Engineer
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roseman, Stuart <hr/> Contributor address; City; State; Zip Code Boston, MA 02116	Amount of Contribution (\$) \$31.25
Principal occupation / Job title (See Instructions) SaneBox		Employer (See Instructions) Engineer
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Timothy <hr/> Contributor address; City; State; Zip Code Somerville, MA 02143	Amount of Contribution (\$) \$3.75
Principal occupation / Job title (See Instructions) Facebook		Employer (See Instructions) Software Engineer
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Timothy <hr/> Contributor address; City; State; Zip Code Somerville, MA 02143	Amount of Contribution (\$) \$3.75
Principal occupation / Job title (See Instructions) Facebook		Employer (See Instructions) Software Engineer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/95 Rpt: 74/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenck, David 6 Contributor address; City; State; Zip Code Huntington Beach, CA 92648	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CDI		9 Employer (See Instructions) Engineer
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenck, David Contributor address; City; State; Zip Code Huntington Beach, CA 92648	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CDI		Employer (See Instructions) Engineer
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenck, David Contributor address; City; State; Zip Code Huntington Beach, CA 92648	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CDI		Employer (See Instructions) Engineer
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenck, David Contributor address; City; State; Zip Code Huntington Beach, CA 92648	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CDI		Employer (See Instructions) Engineer
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenck, David Contributor address; City; State; Zip Code Huntington Beach, CA 92648	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CDI		Employer (See Instructions) Engineer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/95 Rpt: 75/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenck, David <hr/> 6 Contributor address; City; State; Zip Code Huntington Beach, CA 92648	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CDI		9 Employer (See Instructions) Engineer
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schierhorn, Carl <hr/> Contributor address; City; State; Zip Code Kent, OH 44240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schierhorn, Carl <hr/> Contributor address; City; State; Zip Code Kent, OH 44240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schierhorn, Carl <hr/> Contributor address; City; State; Zip Code Kent, OH 44240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schierhorn, Carl <hr/> Contributor address; City; State; Zip Code Kent, OH 44240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/95 Rpt: 76/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scotland, James <hr/> 6 Contributor address; City; State; Zip Code Tucson, AZ 75750	7 Amount of Contribution (\$) \$1.24
8 Principal occupation / Job title (See Instructions) Newmark		9 Employer (See Instructions) Financial Analyst
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scotland, James <hr/> Contributor address; City; State; Zip Code Tucson, AZ 75750	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Newmark		Employer (See Instructions) Financial Analyst
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scotland, James <hr/> Contributor address; City; State; Zip Code Tucson, AZ 75750	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Newmark		Employer (See Instructions) Financial Analyst
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scotland, James <hr/> Contributor address; City; State; Zip Code Tucson, AZ 75750	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Newmark		Employer (See Instructions) Financial Analyst
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scotland, James <hr/> Contributor address; City; State; Zip Code Tucson, AZ 75750	Amount of Contribution (\$) \$1.24
Principal occupation / Job title (See Instructions) Newmark		Employer (See Instructions) Financial Analyst

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/95 Rpt: 77/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Halley <hr/> 6 Contributor address; City; State; Zip Code Indianapolis, IN 46202	7 Amount of Contribution (\$) \$2.09
8 Principal occupation / Job title (See Instructions) Digitas		9 Employer (See Instructions) Advertising
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Halley <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46202	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) Digitas		Employer (See Instructions) Advertising
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Halley <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46202	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) Digitas		Employer (See Instructions) Advertising
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Halley <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46202	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) Digitas		Employer (See Instructions) Advertising
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Halley <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46202	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) Digitas		Employer (See Instructions) Advertising

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/95 Rpt: 78/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauffer, Allyson 6 Contributor address; City; State; Zip Code Longmont, CO 80501	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Myself		9 Employer (See Instructions) Lyft Driver
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauffer, Allyson Contributor address; City; State; Zip Code Longmont, CO 80501	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Myself		Employer (See Instructions) Lyft Driver
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauffer, Allyson Contributor address; City; State; Zip Code Longmont, CO 80501	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Myself		Employer (See Instructions) Lyft Driver
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauffer, Allyson Contributor address; City; State; Zip Code Longmont, CO 80501	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Myself		Employer (See Instructions) Lyft Driver
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauffer, Allyson Contributor address; City; State; Zip Code Longmont, CO 80501	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Myself		Employer (See Instructions) Lyft Driver

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/95 Rpt: 79/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauffer, Allyson <hr/> 6 Contributor address; City; State; Zip Code Longmont, CO 80501	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Myself		9 Employer (See Instructions) Lyft Driver
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiede, Sara <hr/> Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80907	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiede, Sara <hr/> Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80907	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiede, Sara <hr/> Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80907	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiede, Sara <hr/> Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80907	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/95 Rpt: 80/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiede, Sara <hr/> 6 Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80907	7 Amount of Contribution (\$) \$3.13
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiede, Sara <hr/> Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80907	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tims, Ian <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Ford Motor Company		Employer (See Instructions) Engineer
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tims, Ian <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Ford Motor Company		Employer (See Instructions) Engineer
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tims, Ian <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Ford Motor Company		Employer (See Instructions) Engineer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/95 Rpt: 81/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tims, Ian <hr/> 6 Contributor address; City; State; Zip Code Plymouth, MI 48170	7 Amount of Contribution (\$) \$1.25
8 Principal occupation / Job title (See Instructions) Ford Motor Company		9 Employer (See Instructions) Engineer
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tims, Ian <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Ford Motor Company		Employer (See Instructions) Engineer
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tims, Ian <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Ford Motor Company		Employer (See Instructions) Engineer
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Elizabeth <hr/> Contributor address; City; State; Zip Code Reading, MA 01867	Amount of Contribution (\$) \$1.66
Principal occupation / Job title (See Instructions) Kronos Bio		Employer (See Instructions) Scientist
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Elizabeth <hr/> Contributor address; City; State; Zip Code Reading, MA 01867	Amount of Contribution (\$) \$1.66
Principal occupation / Job title (See Instructions) Kronos Bio		Employer (See Instructions) Scientist

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/95 Rpt: 82/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Reading, MA 01867	7 Amount of Contribution (\$) \$1.66
8 Principal occupation / Job title (See Instructions) Kronos Bio		9 Employer (See Instructions) Scientist
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Elizabeth <hr/> Contributor address; City; State; Zip Code Reading, MA 01867	Amount of Contribution (\$) \$1.66
Principal occupation / Job title (See Instructions) Kronos Bio		Employer (See Instructions) Scientist
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Elizabeth <hr/> Contributor address; City; State; Zip Code Reading, MA 01867	Amount of Contribution (\$) \$1.66
Principal occupation / Job title (See Instructions) Kronos Bio		Employer (See Instructions) Scientist
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Elizabeth <hr/> Contributor address; City; State; Zip Code Reading, MA 01867	Amount of Contribution (\$) \$1.66
Principal occupation / Job title (See Instructions) Kronos Bio		Employer (See Instructions) Scientist
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trautman, Allan <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Puppeteer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/95 Rpt: 83/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trautman, Allan <hr/> 6 Contributor address; City; State; Zip Code Santa Clarita, CA 91350	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Puppeteer
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trautman, Allan <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Puppeteer
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trautman, Allan <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Puppeteer
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trautman, Allan <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Puppeteer
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trautman, Allan <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Puppeteer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/95 Rpt: 84/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsuneyoshi, Naomi 6 Contributor address; City; State; Zip Code Kalaheo, HI 96741	7 Amount of Contribution (\$) \$3.57
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsuneyoshi, Naomi Contributor address; City; State; Zip Code Kalaheo, HI 96741	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsuneyoshi, Naomi Contributor address; City; State; Zip Code Kalaheo, HI 96741	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsuneyoshi, Naomi Contributor address; City; State; Zip Code Kalaheo, HI 96741	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsuneyoshi, Naomi Contributor address; City; State; Zip Code Kalaheo, HI 96741	Amount of Contribution (\$) \$3.57
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/95 Rpt: 85/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsuneyoshi, Naomi <hr/> 6 Contributor address; City; State; Zip Code Kalaheo, HI 96741	7 Amount of Contribution (\$) \$3.57
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veal, Jared <hr/> Contributor address; City; State; Zip Code Addis, LA 70710	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veal, Jared <hr/> Contributor address; City; State; Zip Code Addis, LA 70710	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veal, Jared <hr/> Contributor address; City; State; Zip Code Addis, LA 70710	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veal, Jared <hr/> Contributor address; City; State; Zip Code Addis, LA 70710	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/95 Rpt: 86/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veal, Jared <hr/> 6 Contributor address; City; State; Zip Code Addis, LA 70710	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veal, Jared <hr/> Contributor address; City; State; Zip Code Addis, LA 70710	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virgen, Matthew <hr/> Contributor address; City; State; Zip Code San Diego, CA 92126	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) General Atomics		Employer (See Instructions) Mechanical Engineer
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virgen, Matthew <hr/> Contributor address; City; State; Zip Code San Diego, CA 92126	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) General Atomics		Employer (See Instructions) Mechanical Engineer
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virgen, Matthew <hr/> Contributor address; City; State; Zip Code San Diego, CA 92126	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) General Atomics		Employer (See Instructions) Mechanical Engineer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/95 Rpt: 87/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 10/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virgen, Matthew <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92126	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) General Atomics		9 Employer (See Instructions) Mechanical Engineer
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virgen, Matthew <hr/> Contributor address; City; State; Zip Code San Diego, CA 92126	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) General Atomics		Employer (See Instructions) Mechanical Engineer
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virgen, Matthew <hr/> Contributor address; City; State; Zip Code San Diego, CA 92126	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) General Atomics		Employer (See Instructions) Mechanical Engineer
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waugh, Emily <hr/> Contributor address; City; State; Zip Code Milwaukie, OR 97222	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waugh, Emily <hr/> Contributor address; City; State; Zip Code Milwaukie, OR 97222	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/95 Rpt: 88/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waugh, Emily <hr/> 6 Contributor address; City; State; Zip Code Milwaukie, OR 97222	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waugh, Emily <hr/> Contributor address; City; State; Zip Code Milwaukie, OR 97222	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waugh, Emily <hr/> Contributor address; City; State; Zip Code Milwaukie, OR 97222	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waugh, Emily <hr/> Contributor address; City; State; Zip Code Milwaukie, OR 97222	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Heather <hr/> Contributor address; City; State; Zip Code San Diego, CA 92103	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Consultant

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/95 Rpt: 89/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Heather 6 Contributor address; City; State; Zip Code San Diego, CA 92103	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Consultant
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Heather Contributor address; City; State; Zip Code San Diego, CA 92103	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Consultant
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Heather Contributor address; City; State; Zip Code San Diego, CA 92103	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Consultant
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Heather Contributor address; City; State; Zip Code San Diego, CA 92103	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Consultant
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Heather Contributor address; City; State; Zip Code San Diego, CA 92103	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Consultant

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/95 Rpt: 90/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whatley, Suzanne <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78735	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whatley, Suzanne <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whatley, Suzanne <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whatley, Suzanne <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whatley, Suzanne <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/95 Rpt: 91/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whatley, Suzanne 6 Contributor address; City; State; Zip Code AUSTIN, TX 78735	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheaton, Doug Contributor address; City; State; Zip Code Mountain View, CA 94043	Amount of Contribution (\$) \$6.87
Principal occupation / Job title (See Instructions) Attunity		Employer (See Instructions) Se
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheaton, Doug Contributor address; City; State; Zip Code Mountain View, CA 94043	Amount of Contribution (\$) \$6.87
Principal occupation / Job title (See Instructions) Attunity		Employer (See Instructions) Se
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheaton, Doug Contributor address; City; State; Zip Code Mountain View, CA 94043	Amount of Contribution (\$) \$6.87
Principal occupation / Job title (See Instructions) Attunity		Employer (See Instructions) Se
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheaton, Doug Contributor address; City; State; Zip Code Mountain View, CA 94043	Amount of Contribution (\$) \$6.87
Principal occupation / Job title (See Instructions) Attunity		Employer (See Instructions) Se

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/95 Rpt: 92/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 11/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheaton, Doug 6 Contributor address; City; State; Zip Code Mountain View, CA 94043	7 Amount of Contribution (\$) \$6.87
8 Principal occupation / Job title (See Instructions) Attunity		9 Employer (See Instructions) Se
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheaton, Doug Contributor address; City; State; Zip Code Mountain View, CA 94043	Amount of Contribution (\$) \$6.87
Principal occupation / Job title (See Instructions) Attunity		Employer (See Instructions) Se
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yandell, Bruce Contributor address; City; State; Zip Code Rocklin, CA 95765	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Cubizm		Employer (See Instructions) Consultant
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yandell, Bruce Contributor address; City; State; Zip Code Rocklin, CA 95765	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Cubizm		Employer (See Instructions) Consultant
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yandell, Bruce Contributor address; City; State; Zip Code Rocklin, CA 95765	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Cubizm		Employer (See Instructions) Consultant

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/95 Rpt: 93/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 10/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yandell, Bruce <hr/> 6 Contributor address; City; State; Zip Code Rocklin, CA 95765	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Cubizm		9 Employer (See Instructions) Consultant
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yandell, Bruce <hr/> Contributor address; City; State; Zip Code Rocklin, CA 95765	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Cubizm		Employer (See Instructions) Consultant
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Caity <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115	Amount of Contribution (\$) \$2.86
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Caity <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115	Amount of Contribution (\$) \$2.86
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Caity <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115	Amount of Contribution (\$) \$2.86
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/95 Rpt: 94/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 10/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Caity <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94115	7 Amount of Contribution (\$) \$2.86
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Caity <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115	Amount of Contribution (\$) \$2.86
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Caity <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115	Amount of Contribution (\$) \$2.86
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 07/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kellyn <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Baylor Scott and White		Employer (See Instructions) Medical Coder
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kellyn <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Baylor Scott and White		Employer (See Instructions) Medical Coder

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/95 Rpt: 95/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kellyn <hr/> 6 Contributor address; City; State; Zip Code Lawrence, KS 66049	7 Amount of Contribution (\$) \$1.43
8 Principal occupation / Job title (See Instructions) Baylor Scott and White		9 Employer (See Instructions) Medical Coder
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kellyn <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Baylor Scott and White		Employer (See Instructions) Medical Coder
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kellyn <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Baylor Scott and White		Employer (See Instructions) Medical Coder
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kellyn <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Baylor Scott and White		Employer (See Instructions) Medical Coder
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sosa, guadalupe <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78704	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/95 Rpt: 96/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sosa, guadalupe <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78704	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sosa, guadalupe <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78704	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sosa, guadalupe <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78704	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sosa, guadalupe <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78704	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sosa, guadalupe <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78704	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/95 Rpt: 97/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wachs, miriam <hr/> 6 Contributor address; City; State; Zip Code New Jersey, NJ 07302	7 Amount of Contribution (\$) \$1.43
8 Principal occupation / Job title (See Instructions) Deloitte		9 Employer (See Instructions) Consultant
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wachs, miriam <hr/> Contributor address; City; State; Zip Code New Jersey, NJ 07302	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Deloitte		Employer (See Instructions) Consultant
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wachs, miriam <hr/> Contributor address; City; State; Zip Code New Jersey, NJ 07302	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Deloitte		Employer (See Instructions) Consultant
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wachs, miriam <hr/> Contributor address; City; State; Zip Code New Jersey, NJ 07302	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Deloitte		Employer (See Instructions) Consultant
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wachs, miriam <hr/> Contributor address; City; State; Zip Code New Jersey, NJ 07302	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions) Deloitte		Employer (See Instructions) Consultant

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/95 Rpt: 98/111
2 FILER NAME Cambio Texas PAC		3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wachs, miriam <hr/> 6 Contributor address; City; State; Zip Code New Jersey, NJ 07302	7 Amount of Contribution (\$) \$1.43
8 Principal occupation / Job title (See Instructions) Deloitte		9 Employer (See Instructions) Consultant

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/13 Rpt: 99/111	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/07/2025	5 Payee name Amazon	
6 Amount (\$) \$29.45 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/07/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$15.99 <input type="checkbox"/> Expenditure from corporate funds	Payee name Amazon Payee address; City; State; Zip Code TX	
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 Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/02/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$9.73 <input type="checkbox"/> Expenditure from corporate funds	Payee name Amazon Payee address; City; State; Zip Code TX	
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 Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/13 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/10/2025	5 Payee name Cricket	
6 Amount (\$) \$75.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4017 S. McColl Edinburg, TX 78539	
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 Utility
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name Cricket		
Amount (\$) \$57.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4017 S. McColl Edinburg, TX 78539	
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 Utility
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/17/2025	Candidate/Officeholder name Office sought Office held	
Payee name Domit Executive Business Center		
Amount (\$) \$1,232.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 135 PASEO DEL PRADO AVE EDINBURG, TX 78539	
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 Utility
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/13 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 11/07/2025	5 Payee name Domit Executive Business Center	
6 Amount (\$) \$1,037.12 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 135 PASEO DEL PRADO AVE EDINBURG, TX 78539	
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 Utility
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name Domit Executive Business Center		
Amount (\$) \$989.10 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 135 PASEO DEL PRADO AVE EDINBURG, TX 78539	
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 Utility
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name Domit Executive Business Center		
Amount (\$) \$935.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 135 PASEO DEL PRADO AVE EDINBURG, TX 78539	
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 Utility
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/13 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/05/2025	5 Payee name Domit Executive Business Center	
6 Amount (\$) \$942.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 135 PASEO DEL PRADO AVE EDINBURG, TX 78539	
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 Utility
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name Domit Executive Business Center		
Amount (\$) \$932.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 135 PASEO DEL PRADO AVE EDINBURG, TX 78539	
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 Utility
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Gsuite		
Amount (\$) \$30.70 <input type="checkbox"/> Expenditure from corporate funds	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) 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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/13 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/08/2025	5 Payee name Hustle	
6 Amount (\$) \$461.32 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 548 Market St San Francisco, CA 94104	
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 Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/08/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$345.90 <input type="checkbox"/> Expenditure from corporate funds	Payee name Hustle Payee address; City; State; Zip Code 548 Market St San Francisco, CA 94104	
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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/31/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee name Lone Star National Bank Payee address; City; State; Zip Code 5537 N McColl McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/13 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 11/28/2025	5 Payee name Lone Star National Bank	
6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5537 N McColl McAllen, TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name Lone Star National Bank		
Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5537 N McColl McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name Lone Star National Bank		
Amount (\$) \$7.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5537 N McColl McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/13 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/30/2025	5 Payee name Lone Star National Bank	
6 Amount (\$) \$7.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5537 N McColl McAllen, TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name Lone Star National Bank		
Amount (\$) \$7.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5537 N McColl McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name Lone Star National Bank		
Amount (\$) \$7.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5537 N McColl McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/13 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 11/05/2025	5 Payee name NGP Van	
6 Amount (\$) \$335.79 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code TX	
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 Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/03/2025	Candidate/Officeholder name NGP Van	
Amount (\$) \$335.79 <input type="checkbox"/> Expenditure from corporate funds	Office sought TX	
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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/24/2025	Candidate/Officeholder name NGP Van	
Amount (\$) \$335.79 <input type="checkbox"/> Expenditure from corporate funds	Office sought TX	
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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/24/2025	Candidate/Officeholder name NGP Van	
Amount (\$) \$335.79 <input type="checkbox"/> Expenditure from corporate funds	Office sought TX	
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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/13 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 08/12/2025	5 Payee name NGP Van	
6 Amount (\$) \$335.79 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code TX	
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 Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/03/2025	Candidate/Officeholder name NGP Van	
Amount (\$) \$335.79 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/24/2025	Candidate/Officeholder name Pink Ape Media	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
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 Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/13 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 10/02/2025	5 Payee name Pink Ape Media	
6 Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Spectrum		
Amount (\$) \$160.84 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
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 Utility
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name Spectrum		
Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
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 Utility
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/13 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 12/04/2025	5 Payee name Spectrum	
6 Amount (\$) \$160.84 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
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 Utility
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/27/2025	Candidate/Officeholder name Office sought Office held	
Payee name Spectrum		
Amount (\$) \$160.84 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
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 Utility
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Spectrum		
Amount (\$) \$160.84 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
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 Utility
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Spectrum		
Amount (\$) \$160.84 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
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 Utility
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/13 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 09/12/2025	5 Payee name Spectrum	
6 Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
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 Utility
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name Spectrum		
Amount (\$) \$160.84 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
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 Utility
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Spectrum		
Amount (\$) \$160.84 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
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 Utility
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/13 Rpt:	2 FILER NAME Cambio Texas PAC	3 Filer ID (Ethics Commission Filers) 00082985
4 Date 07/11/2025	5 Payee name Spectrum	
6 Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
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 Utility
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/07/2025	Payee name Spectrum	
Amount (\$) \$120.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06802	
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 Utility
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/03/2025	Payee name Wix.Com	
Amount (\$) \$38.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2601 Mission Street San Francisco, CA 94110	
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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held