

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) 00080099	2 Total pages filed: 34	
3 COMMITTEE NAME Texans for Vaccine Choice PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026 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 P.O. Box 175272 Arlington, TX 76003			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Jackie NICKNAME LAST SUFFIX Schlegel			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4909 Wareham Dr Arlington, TX 76017			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 175272 Arlington, TX 76003			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 876-1645			
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 Month Day Year 07/01/2025 THROUGH 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 Texans for Vaccine Choice PAC	13 Filer ID (Ethics Commission Filers) 00080099
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,981.88
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,600.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Ms. Jackie Schlegel

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 34

17 COMMITTEE NAME Texans for Vaccine Choice PAC		18 Filer ID (Ethics Commission Filers) 00080099
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,981.88
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	\$ 25,000.00
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: 1/30 Rpt: 4/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 07/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75209	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Sr Business Analyst		9 Employer (See Instructions) Travel Industry-Southlake TX
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Business Analyst		Employer (See Instructions) Travel Industry-Southlake TX
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Business Analyst		Employer (See Instructions) Travel Industry-Southlake TX
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Business Analyst		Employer (See Instructions) Travel Industry-Southlake TX
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Business Analyst		Employer (See Instructions) Travel Industry-Southlake TX

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/30 Rpt: 5/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 12/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75209	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Sr Business Analyst		9 Employer (See Instructions) Travel Industry-Southlake TX
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blubaugh, Maria <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blubaugh, Maria <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blubaugh, Maria <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blubaugh, Maria <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/30 Rpt: 6/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 11/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blubaugh, Maria <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77386	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Tax Accountant		9 Employer (See Instructions) HCG
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blubaugh, Maria <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) HCG
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookshire, Gay <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$26.29
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookshire, Gay <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$26.29
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookshire, Gay <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$26.29
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/30 Rpt: 7/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 10/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookshire, Gay <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703	7 Amount of Contribution (\$) \$26.29
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookshire, Gay <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$26.29
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookshire, Gay <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$26.29
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Dan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/30 Rpt: 8/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirayil, Anjali <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/30 Rpt: 9/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy 6 Contributor address; City; State; Zip Code BALTIMORE, MD 21209	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Sharing		9 Employer (See Instructions) Not Sharing
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy Contributor address; City; State; Zip Code BALTIMORE, MD 21209	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy Contributor address; City; State; Zip Code BALTIMORE, MD 21209	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy Contributor address; City; State; Zip Code BALTIMORE, MD 21209	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy Contributor address; City; State; Zip Code BALTIMORE, MD 21209	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/30 Rpt: 10/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockey, Cathy 6 Contributor address; City; State; Zip Code BALTIMORE, MD 21209	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Sharing		9 Employer (See Instructions) Not Sharing
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Deleise Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Deleise Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Deleise Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Deleise Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/30 Rpt: 11/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 11/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Deleise <hr/> 6 Contributor address; City; State; Zip Code Tulsa, OK 74105	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Deleise <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Caroline <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Caroline <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Caroline <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/30 Rpt: 12/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 10/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Caroline <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Sharing		9 Employer (See Instructions) Not Sharing
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Caroline <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Caroline <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellington, Alison <hr/> Contributor address; City; State; Zip Code Selma, TX 78154	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellington, Alison <hr/> Contributor address; City; State; Zip Code Selma, TX 78154	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/30 Rpt: 13/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 09/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellington, Alison <hr/> 6 Contributor address; City; State; Zip Code Selma, TX 78154	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Sahm
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellington, Alison <hr/> Contributor address; City; State; Zip Code Selma, TX 78154	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellington, Alison <hr/> Contributor address; City; State; Zip Code Selma, TX 78154	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellington, Alison <hr/> Contributor address; City; State; Zip Code Selma, TX 78154	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Sahm
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code Watauga, TX 76148	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/30 Rpt: 14/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 07/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> 6 Contributor address; City; State; Zip Code Watauga, TX 76148	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Childcare		9 Employer (See Instructions) Self
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code Watauga, TX 76148	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code Watauga, TX 76148	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code Watauga, TX 76148	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole <hr/> Contributor address; City; State; Zip Code Watauga, TX 76148	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/30 Rpt: 15/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 10/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole 6 Contributor address; City; State; Zip Code Watauga, TX 76148	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Childcare		9 Employer (See Instructions) Self
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole Contributor address; City; State; Zip Code Watauga, TX 76148	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole Contributor address; City; State; Zip Code Watauga, TX 76148	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole Contributor address; City; State; Zip Code Watauga, TX 76148	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole Contributor address; City; State; Zip Code Watauga, TX 76148	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Childcare		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/30 Rpt: 16/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 12/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamm, Nicole 6 Contributor address; City; State; Zip Code Watauga, TX 76148	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Childcare		9 Employer (See Instructions) Self
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/30 Rpt: 17/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 11/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John <hr/> 6 Contributor address; City; State; Zip Code Rockwall, TX 75032	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78266	Amount of Contribution (\$) \$15.90
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78266	Amount of Contribution (\$) \$15.90
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78266	Amount of Contribution (\$) \$15.90
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/30 Rpt: 18/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie 6 Contributor address; City; State; Zip Code San Antonio, TX 78266	7 Amount of Contribution (\$) \$15.90
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Aerodyne Industries
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie Contributor address; City; State; Zip Code San Antonio, TX 78266	Amount of Contribution (\$) \$15.90
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie Contributor address; City; State; Zip Code San Antonio, TX 78266	Amount of Contribution (\$) \$15.90
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aerodyne Industries
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Maureen Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Nancy Smith
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Maureen Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Nancy Smith

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/30 Rpt: 19/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 09/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Maureen <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) caregiver		9 Employer (See Instructions) Nancy Smith
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Maureen <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Nancy Smith
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Maureen <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Nancy Smith
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Maureen <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) caregiver		Employer (See Instructions) Nancy Smith
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbelin, Patricia <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Emergency preparedness		Employer (See Instructions) CATRAC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/30 Rpt: 20/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 08/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbelin, Patricia <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76712	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Emergency preparedness		9 Employer (See Instructions) CATRAC
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbelin, Patricia <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Emergency preparedness		Employer (See Instructions) CATRAC
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbelin, Patricia <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Emergency preparedness		Employer (See Instructions) CATRAC
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbelin, Patricia <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Emergency preparedness		Employer (See Instructions) CATRAC
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbelin, Patricia <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Emergency preparedness		Employer (See Instructions) CATRAC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/30 Rpt: 21/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 07/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Tiffany <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76123	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Self
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Tiffany <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Tiffany <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Carrie <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Carrie <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/30 Rpt: 22/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Corrie <hr/> 6 Contributor address; City; State; Zip Code Boerne, TX 78006	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Deputy TAC		9 Employer (See Instructions) Kendall County
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Corrie <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Corrie <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Corrie <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Deputy TAC		Employer (See Instructions) Kendall County
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79416	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/30 Rpt: 23/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 08/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary <hr/> 6 Contributor address; City; State; Zip Code LUBBOCK, TX 79416	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Sharing		9 Employer (See Instructions) Not Sharing
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79416	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79416	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79416	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochbaum, Mary <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79416	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Sharing		Employer (See Instructions) Not Sharing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/30 Rpt: 24/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 07/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Lindsey <hr/> 6 Contributor address; City; State; Zip Code Wimberley, TX 78676	7 Amount of Contribution (\$) \$26.29
8 Principal occupation / Job title (See Instructions) Chiropractor		9 Employer (See Instructions) Self
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Lindsey <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676	Amount of Contribution (\$) \$26.29
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Lindsey <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676	Amount of Contribution (\$) \$26.29
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Lindsey <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676	Amount of Contribution (\$) \$26.29
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Lindsey <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676	Amount of Contribution (\$) \$26.29
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/30 Rpt: 25/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Lindsey <hr/> 6 Contributor address; City; State; Zip Code Wimberley, TX 78676	7 Amount of Contribution (\$) \$26.29
8 Principal occupation / Job title (See Instructions) Chiropractor		9 Employer (See Instructions) Self
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGurn, Patricia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78266	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGurn, Patricia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78266	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGurn, Patricia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78266	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGurn, Patricia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78266	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/30 Rpt: 26/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 11/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGurn, Patricia 6 Contributor address; City; State; Zip Code San Antonio, TX 78266	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) sales		9 Employer (See Instructions) self
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGurn, Patricia Contributor address; City; State; Zip Code San Antonio, TX 78266	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod Gordon, Dina Michele Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) SAP
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod Gordon, Dina Michele Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) SAP
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morfin, Lisa Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/30 Rpt: 27/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morfin, Lisa 6 Contributor address; City; State; Zip Code La Porte, TX 77571	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Music teacher		9 Employer (See Instructions) Pasadena ISD
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morfin, Lisa Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morfin, Lisa Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morfin, Lisa Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morfin, Lisa Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Music teacher		Employer (See Instructions) Pasadena ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/30 Rpt: 28/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Kelsey 6 Contributor address; City; State; Zip Code Colorado City, TX 79512	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Farmer		9 Employer (See Instructions) Self
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Kelsey Contributor address; City; State; Zip Code Colorado City, TX 79512	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Kelsey Contributor address; City; State; Zip Code Colorado City, TX 79512	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Kelsey Contributor address; City; State; Zip Code Colorado City, TX 79512	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Kelsey Contributor address; City; State; Zip Code Colorado City, TX 79512	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/30 Rpt: 29/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 12/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Kelsey <hr/> 6 Contributor address; City; State; Zip Code Colorado City, TX 79512	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Farmer		9 Employer (See Instructions) Self
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Erica <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Erica <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Erica <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Erica <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/30 Rpt: 30/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 11/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Erica <hr/> 6 Contributor address; City; State; Zip Code Rowlett, TX 75089	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Manager, Technical Support		9 Employer (See Instructions) Mitel
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Erica <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager, Technical Support		Employer (See Instructions) Mitel
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER <hr/> Contributor address; City; State; Zip Code Caddo Mills, TX 75135	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Taylor Family
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER <hr/> Contributor address; City; State; Zip Code Caddo Mills, TX 75135	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Taylor Family
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER <hr/> Contributor address; City; State; Zip Code Caddo Mills, TX 75135	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Taylor Family

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/30 Rpt: 31/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER <hr/> 6 Contributor address; City; State; Zip Code Caddo Mills, TX 75135	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) SAHM		9 Employer (See Instructions) Taylor Family
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER <hr/> Contributor address; City; State; Zip Code Caddo Mills, TX 75135	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Taylor Family
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JENNIFER <hr/> Contributor address; City; State; Zip Code Caddo Mills, TX 75135	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Taylor Family
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dalsem, Michelle <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dalsem, Michelle <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/30 Rpt: 32/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dalsem, Michelle <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dalsem, Michelle <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dalsem, Michelle <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Dalsem, Michelle <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Mary <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/30 Rpt: 33/34
2 FILER NAME Texans for Vaccine Choice PAC		3 Filer ID (Ethics Commission Filers) 00080099
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Mary 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) 809 at Vickery
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Mary Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Mary Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Mary Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Mary Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 809 at Vickery

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: 1/1 Rpt: 34/34	2 FILER NAME Texans for Vaccine Choice PAC	3 Filer ID (Ethics Commission Filers) 00080099
4 Date 10/24/2025	5 Payee name Texans for Medical Freedom	
6 Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 175272 Arlington, TX 76003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Non-profit
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held