

**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		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/15/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount <input type="text"/>  Date Processed  Date Imaged				
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address P.O. Box 175272  Arlington, TX 76003						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.			FIRST Jackie	MI	
	NICKNAME	LAST Schlegel	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 4909 Wareham Dr  Arlington, TX 76017		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; 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 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
11 ELECTION	ELECTION DATE Month Day Year	<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**

<b>12 COMMITTEE NAME</b> Texans for Vaccine Choice PAC		<b>13 FILER ID</b> (Ethics Commission Filers) 00080099
<b>14 COMMITTEE ACTIVITY</b>  (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.)	
<b>15 CONTRIBUTION TOTALS</b>	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
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,981.88
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 25,000.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,600.20
<b>OUTSTANDING LOAN TOTALS</b>	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

<b>17</b> COMMITTEE NAME Texans for Vaccine Choice PAC	<b>18</b> Filer ID (Ethics Commission Filers) 00080099
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/30 Rpt: 4/34
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 07/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75209	<b>7</b> Amount of Contribution (\$)  \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) Sr Business Analyst	
<b>9</b> Employer (See Instructions) Travel Industry-Southlake TX		
<b>Date</b> 08/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75209	<b>Amount of Contribution (\$)</b>  \$10.00
	<b>Principal occupation / Job title (See Instructions)</b> Sr Business Analyst	
<b>Employer (See Instructions)</b> Travel Industry-Southlake TX		
<b>Date</b> 09/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75209	<b>Amount of Contribution (\$)</b>  \$10.00
	<b>Principal occupation / Job title (See Instructions)</b> Sr Business Analyst	
<b>Employer (See Instructions)</b> Travel Industry-Southlake TX		
<b>Date</b> 10/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75209	<b>Amount of Contribution (\$)</b>  \$10.00
	<b>Principal occupation / Job title (See Instructions)</b> Sr Business Analyst	
<b>Employer (See Instructions)</b> Travel Industry-Southlake TX		
<b>Date</b> 11/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Michael ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75209	<b>Amount of Contribution (\$)</b>  \$10.00
	<b>Principal occupation / Job title (See Instructions)</b> Sr Business Analyst	
<b>Employer (See Instructions)</b> Travel Industry-Southlake TX		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/30 Rpt: 11/34
<b>2</b> FILER NAME Texans for Vaccine Choice PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 11/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Deleise ..... <b>6</b> Contributor address; City; State; Zip Code  Tulsa, OK 74105	<b>7</b> Amount of Contribution (\$) \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 12/15/2025	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 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Caroline ..... 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 ..... 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 ..... 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

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 14/30 Rpt: 17/34
<b>2</b> FILER NAME Texans for Vaccine Choice PAC			<b>3</b> Filer ID (Ethics Commission Filers) 00080099
<b>4</b> Date 11/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John	<b>7</b> Amount of Contribution (\$) \$20.00	
	<b>6</b> Contributor address; City; State; Zip Code  Rockwall, TX 75032		
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self	
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonino, John	<b>Amount of Contribution (\$)</b> \$20.00	
	<b>Contributor address; City; State; Zip Code</b>  Rockwall, TX 75032		
<b>Principal occupation / Job title (See Instructions)</b> Doctor		<b>Employer (See Instructions)</b> Self	
<b>Date</b> 07/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie	<b>Amount of Contribution (\$)</b> \$15.90	
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78266		
<b>Principal occupation / Job title (See Instructions)</b> Engineer		<b>Employer (See Instructions)</b> Aerodyne Industries	
<b>Date</b> 08/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie	<b>Amount of Contribution (\$)</b> \$15.90	
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78266		
<b>Principal occupation / Job title (See Instructions)</b> Engineer		<b>Employer (See Instructions)</b> Aerodyne Industries	
<b>Date</b> 09/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Stacie	<b>Amount of Contribution (\$)</b> \$15.90	
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78266		
<b>Principal occupation / Job title (See Instructions)</b> Engineer		<b>Employer (See Instructions)</b> 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
<b>2 FILER NAME</b> Texans for Vaccine Choice PAC			<b>3 Filer ID</b> (Ethics Commission Filers) 00080099
<b>4 Date</b> 10/20/2025	<b>5 Full name of contributor</b> Greene, Stacie	<input type="checkbox"/> out-of-state PAC (ID#: ..... <b>6 Contributor address; City; State; Zip Code</b>  San Antonio, TX 78266	<b>7 Amount of Contribution (\$)</b> \$15.90
<b>8 Principal occupation / Job title (See Instructions)</b> Engineer		<b>9 Employer (See Instructions)</b> Aerodyne Industries	
<b>Date</b> 11/20/2025	<b>Full name of contributor</b> Greene, Stacie	<input type="checkbox"/> out-of-state PAC (ID#: ..... <b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78266	<b>Amount of Contribution (\$)</b> \$15.90
<b>Principal occupation / Job title (See Instructions)</b> Engineer		<b>Employer (See Instructions)</b> Aerodyne Industries	
<b>Date</b> 12/20/2025	<b>Full name of contributor</b> Greene, Stacie	<input type="checkbox"/> out-of-state PAC (ID#: ..... <b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78266	<b>Amount of Contribution (\$)</b> \$15.90
<b>Principal occupation / Job title (See Instructions)</b> Engineer		<b>Employer (See Instructions)</b> Aerodyne Industries	
<b>Date</b> 07/14/2025	<b>Full name of contributor</b> Hanson, Maureen	<input type="checkbox"/> out-of-state PAC (ID#: ..... <b>Contributor address; City; State; Zip Code</b>  Fort Worth, TX 76109	<b>Amount of Contribution (\$)</b> \$25.00
<b>Principal occupation / Job title (See Instructions)</b> caregiver		<b>Employer (See Instructions)</b> Nancy Smith	
<b>Date</b> 08/14/2025	<b>Full name of contributor</b> Hanson, Maureen	<input type="checkbox"/> out-of-state PAC (ID#: ..... <b>Contributor address; City; State; Zip Code</b>  Fort Worth, TX 76109	<b>Amount of Contribution (\$)</b> \$25.00
<b>Principal occupation / Job title (See Instructions)</b> caregiver		<b>Employer (See Instructions)</b> Nancy Smith	

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

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

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

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

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 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	7 Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held