

**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) 00084821	2 Total pages filed: 5		
3 COMMITTEE NAME Rideshare 2 Vote		OFFICE USE ONLY <p>Date Received ELECTRONICALLY FILED 01/23/2026</p> <p>Date Hand-delivered or Date Postmarked</p> <table border="1"> <tr> <td>Receipt #</td> <td>Amount</td> </tr> </table> <p>Date Processed</p> <p>Date Imaged</p>		Receipt #	Amount
Receipt #	Amount				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address PO Box 803648 DALLAS, TX 75380					
5 CAMPAIGN TREASURER NAME MS / MRS / MR Ms. Paola	MI				
	NICKNAME LAST Kovich SUFFIX				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 4808 Haverwood Lane Apt. 435 Dallas, TX 75287	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; PO Box 803648 Dallas, TX 75380	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (214) 364-3570	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 01/22/2026	Month Day Year THROUGH	Month Day Year 01/22/2026		
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other	

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**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Rideshare 2 Vote		13 FILER ID (Ethics Commission Filers) 00084821
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)	\$ 133.24
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 126,108.05
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. Paola Kovich

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 5

17 COMMITTEE NAME Rideshare 2 Vote	18 Filer ID (Ethics Commission Filers) 00084821
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 133.24	
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
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: 1/2 Rpt: 4/5
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 01/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clemons, Kenny	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code New Rochelle, NY 10804	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Christian	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Falmouth, KY 41040	
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) 84.51 LLC
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Claudia	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Roslindale, MA 02131	
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Wendy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Francisco, CA 94131	
Principal occupation / Job title (See Instructions) Design Manager		Employer (See Instructions) Almac Clinical Technologies
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Okatie, SC 29909	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/5
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 01/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy	7 Amount of Contribution (\$) \$3.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75248	
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLure, Nancy	Amount of Contribution (\$) \$10.24
	Contributor address; City; State; Zip Code Westborough, MA 01581	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, William	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Mill Valley, CA 94941	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St John, Daniel	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Alameda, CA 94501	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed