CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Noelita	MI	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		city; state; zip code anchaca, Texas 78748		
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 627-8960	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Reedy	MI	Receipt # Amount \$	
NAME	NICKNAME LAST		Date Processed	
	Springer, II	1	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE	
TREASURER ADDRESS	6605 Cairsbrooke Lane	Austin	TX 78754	
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (737) 203-1113	EXTENSION		
9 REPORT TYPE	January 15 South day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	7 1 Year 2020	Month 9 THROUGH	24 Year 2020	
11 ELECTION	ELECTION DATE Month Day Year Primary 11 3 2020 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Fi	ler ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	DIDATE / OFFICEHOLDER. THE	UTIONS ACCEPTED OR POLITICAL EXPENDITURES SE EXPENDITURES MAY HAVE BEEN MADE WITHOUT ICEHOLDERS ARE REQUIRED TO REPORT THIS INFO	THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME		
		COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN T	REASURER NAME	
		COMMITTEE CAMPAIGN	IREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	L _ UNITEMIZED POLITICA GES, LOANS, OR GUARAI RIBUTIONS MADE ELECT		\$
	-	POLITICAL CONTRIB	UTIONS S, OR GUARANTEES OF LOANS)	\$ 32,437.10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.			\$
	4. TOTAL	POLITICAL EXPENDI	TURES	\$ 5,717.12
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTI	\$ 26,719.98	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF THE PERIOD	\$
18 AFFIDAVIT				·
			I swear, or affirm, under penalty of perjunt true and correct and includes all informat under Title 15, Election Code.	
			Signature of Candidate	e or Officeholder
AFFIX NOTARY STAM	IP/SEALABOVE			
Sworn to and subso	ribed before me,	by the said		, this the
day of	, 20,	to certify which, withe	ess my hand and seal of office.	
Signature of officer a	administering oath	Printed name of	officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERN	AME	20 Filer ID (Ethics Co	mmission Filers)
	JLE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 23,377.10
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 9,060.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	_{\$} 5,717.12
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$

MONET	TARY POLITICAL CONT	RIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
 4 Date 08/02/2020 8 Principal occur Information 	Brody-Wilcox, Gillian 6 Contributor address; City; Austin pation / Job title (See Instructions)	e PAC (ID#:) State; Zip Code TX 78722 9 Employer (See Instruct Information Reque	
Date 08/02/2020	Contributor address; City; Austin		Amount of contribution (\$) \$52.95
Principal occup Professor	pation / Job title (See Instructions)	Employer (See Instruct Austin Commun	
Date 08/02/2020	Full name of contributor out-of-stat Mims, Nancy Contributor address; City;	e PAC (ID#:)	Amount of contribution (\$) \$131.89
Principal occup Artist	bation / Job title (See Instructions)	Employer (See Instruct Self Emplyed	l trions)
Date 08/02/2020	Full name of contributor Yeager, Laura Contributor address; City; Austin	State; Zip Code	Amount of contribution (\$)
Principal occup Director	Deation / Job title (See Instructions)	Employer (See Instruc Just Fund It	tions)
	ATTACH ADDITIONAL COP If contributor is out-of-state PAC, please see	IES OF THIS SCHEDULE AS N Instruction guide for additional	

MONET	ARY POLITICAL	CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how t	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date 08/03/2020	 5 Full name of contributor Riegel, Daniel 6 Contributor address; 	□ out-of-state PAC City; Austin	State; Zip Code	7 Amount of contribution (\$) \$52.95
8 Principal occu Lawyer	pation / Job title (See Instructions)		9 Employer (See Instruct Richards Rodrig	^{ctions)} uez & Skeith LLP
Date 08/04/2020	Full name of contributor Gonzales, Lawrence Contributor address;	City;	C (ID#:) State; Zip Code TX 78640	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Requested		Employer (See Instruct Information Requ	uested
Date 08/12/2020	Full name of contributor Chan, Karen Contributor address;	City; Houston	C (ID#:) State; Zip Code TX 77088	Amount of contribution (\$) \$105.58
Principal occup Information	ation / Job title (See Instructions)		Employer (See Instruction Requ	ttions) Uested
Date 08/12/2020	Full name of contributor Mansuri, Lisa Layla Contributor address;	□ out-of-state PAC City; Austin	C (ID#:) State; Zip Code TX 78723	Amount of contribution (\$)
Principal occup Information	ation / Job title (See Instructions)		Employer (See Instruction Requ	tions) uested
	ATTACH ADDITIO		OF THIS SCHEDULE AS I uction guide for additional	

MONET	ARY POLITICAL	CONTR	BUTIONS	SCHEDULE A1	
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Date 08/12/2020	 Full name of contributor Martinez, Eugenia 6 Contributor address; 	□ out-of-state PAC City; Calabasa	C (ID#:) State; Zip Code S CA 91302	7 Amount of contribution (\$) \$52.95	
8 Principal occu Information	pation / Job title (See Instructions) Requested		9 Employer (See Instruct Information Requ		
Date 08/12/2020	Full name of contributor Carroll, Christy Contributor address;	☐ out-of-state PAC City; Austin	C (ID#:) State; Zip Code TX 78704	Amount of contribution (\$)	
Principal occur Senior Prod	pation / Job_title (See Instructions) UCT Designer		Employer (See Instruc Funsize	tions)	
Date 08/12/2020	Full name of contributor Pires, Angela Contributor address;	□ out-of-state PAC City; Austin	C (ID#:) State; Zip Code TX 78702	Amount of contribution (\$)	
Principal occup Film Editor	pation / Job title (See Instructions)		Employer (See Instruct Self-Employed	tions)	
Date 08/12/2020	Full name of contributor Johnston, Elizabeth Contributor address;	□ out-of-state PAC City; Austin	C (ID#:) State; Zip Code TX 78723	Amount of contribution (\$)	
Principal occup Environmen	pation / Job title (See Instructions) tal Coordinator		Employer (See Instruc City of Austin	tions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

MONET	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1	
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
4 Date 08/12/2020	 5 Full name of contributor Clark, April 6 Contributor address; City; Austin 	State: Zip Code TX 78701	7 Amount of contribution (\$) 26.63	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct Clark I Richardson 8 Architect 9 Employer (See Instruct Clark I Richardson			n Architects	
Date 08/12/2020	Hargis, Melissa	C (ID#:) State; Zip Code TX 78765	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Information Requested Information		Employer (See Instruct Information Requ	tions) ested	
Date 08/12/2020	Full name of contributor Lees, Jon Contributor address; City; Austin	C (ID#:) State; Zip Code TX 78704	Amount of contribution (\$)	
	pation / Job title (See Instructions) Requested	Employer (See Instruction Information Req	uested	
Date 08/12/2020	Full name of contributor Rocha, Melissa Contributor address; City; Austin	C (ID#:) State; Zip Code TX 78748	Amount of contribution (\$)	
Principal occur Information	pation / Job title (See Instructions) Requested	Employer (See Instruct Information Requ	ested	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

MONET	ARY POLITICAL	CONTRI	BUTIO	NS	SCHEDULE A1
The	Instruction Guide explains how to	o complete this	form.		1 Total pages Schedule A1:
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
4 Date 08/12/2020 8 Principal occu	6 Contributor address;	□ out-of-state PAC John City; Austin	State; Zij TX 7	o Code '8741	7 Amount of contribution (\$) \$52.95
Date 08/13/2020	Full name of contributor Nelson, Robin Contributor address;	□ out-of-state PAC City; Austin	: (ID#: State; Zi	State University of the Univer	Amount of contribution (\$)
Principal occup Executive	ation / Job title (See Instructions) Assistant		Employer Office o	of the Attor	ions) ney General
Date 08/13/2020	Full name of contributor Hayes, Kate Contributor address;	□ out-of-state PAC City; Austin	State; Zij	Code 8723	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)		Employer UT	· (See Instructi	ions)
Date 08/13/2020	Full name of contributor Evans, Roxanne Contributor address;	City;	State; Zip) Code 78723	Amount of contribution (\$)
Principal occup Communica	ation / Job title (See Instructions)		Employed Evans	(See Instructi Communic	ions) cations
	ATTACH ADDITIC If contributor is out-of-state PAC,				

2 FILER NAME 4 Date 5 Full 08/13/2020 5 Cor 8 Principal occupation / A 6 Cor 9 Date Full Project Manager 08/14/2020 Image: Cor Cor Date Principal occupation / J Cor Date Date Cor Date Image: Cor Image: Co	Ater, Keri htributor address; A Job title (See Instructions) I name of contributor o ters, Jennifer	City; Custin	s form. C (ID#:) State; Zip Code TX 78702 9 Employer (See Instruct Iron Mountain C (ID#:)	 1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$100.00 tions)
4 Date 5 Full 08/13/2020 6 Cor 8 Principal occupation / 4 Project Manager Date Full 08/14/2020 Cor Principal occupation / J Small business	Ater, Keri	City; Austin	State; Zip Code TX 78702 9 Employer (See Instruc Iron Mountain	7 Amount of contribution (\$) \$100.00
08/13/2020 Sla 8 Principal occupation / A Project Manager Date Full 08/14/2020 Cor Principal occupation / J Small business Date Full O8/14/2020 Full Date Full Date Full Date Cor	Ater, Keri	City; Austin	State; Zip Code TX 78702 9 Employer (See Instruc Iron Mountain	\$100.00
Project Manager Date Date Full Pe 08/14/2020 Principal occupation / J Small business Date Date Full Gr 08/14/2020 Cor	Job title (See Instructions)	uut-of-state PAC	9 Employer (See Instruction Iron Mountain	
Principal occupation / J Small business Date Full 08/14/2020	eters, Jennifer	City;	C (ID#:)	Amount of contribution (\$)
Small business Date Full Gr 08/14/2020 Cor		lustin	State; Zip Code TX 78721	\$26.63
Gr 08/14/2020	Principal occupation / Job title (See Instructions) Employer (See Instructions) TAHI PLLC			
Principal occupation / J Information Requi	iffin, Jillian	ut-of-state PAC	C (ID#:) State; Zip Code	Amount of contribution (\$)
	lob title (See Instructions) ested		Employer (See Instruct Information Req	^{itions)} uested
08/14/2020	elson, Piper Stege	ut-of-state PAC Dity; NUStin	C (ID#:) State; Zip Code TX 78705	Amount of contribution (\$)
Principal occupation / J Information Requ	lob title (See Instructions) Uested		Employer (See Instruction Req	tions) Juested
		L COPIES (OF THIS SCHEDULE AS N	IEEDED

The	Instruction Guide explains how to comple	this form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Date	 Full name of contributor Somers, Susan G Contributor address; City; 	e PAC (ID#:) State; Zip Code	7 Amount of contribution (\$) \$26.63
	Austi	•	
	pation / Job title (See Instructions)	tions) uested	
Date 08/16/2020	Full name of contributor Flores, Lisa Contributor address; City;	e PAC (ID#:) State; Zip Code	Amount of contribution (\$)
	Austin		
Principal occupation / Job title (See Instructions) Advocacy Specialist Easterseals Tx			
Date 08/17/2020	Full name of contributor 🗌 out-of-st Maddux, Kenley	e PAC (ID#:)	Amount of contribution (\$)
08/17/2020	Contributor address; City; Austin	State; Zip Code TX 78756	\$250.00
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instruc State of Texas	tions)
Date 08/17/2020	Full name of contributor out-of-st	e PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; Austin	State; Zip Code TX 78748	<i>40</i> 1.00
Principal occup Teaching A	ation / Job title (See Instructions) SSIStant	Employer (See Instruc Austin ISD	tions)

MONET	TARY POLITICAL CO	NTRIBUTIC	ONS	SCHEDULE A1
The	Instruction Guide explains how to comp	plete this form.		1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date 08/17/2020	6 Contributor address; City Au	of-state PAC (ID#: /; State; Stin TX	Zip Code 78754	7 Amount of contribution (\$) \$26.63
⁸ Principal occu Project Mai	pation / Job title (See Instructions) Nager	⁹ Rand	ver (See Instruction olph Air Ford	ce Base
Date 08/17/2020	Sparks, Adam Contributor address; City	of-state PAC (ID#: y; State; tin TX	Zip Code 78722	Amount of contribution (\$)
Principal occur Business C	pation / Job title (See Instructions) WNET	Employ Sofia	v <u>er</u> (See Instruction Travel Com	ons) pany
Date 08/19/2020	Full name of contributor out-o Bustamante, Monika Contributor address; City Aus		Zip Code 78702	Amount of contribution (\$)
Principal occup Senior Mar	pation / Job title (See Instructions) ager	Employ Conte	ver (See Instruction ent Strategy	^{ons)} & Creative at BMC
Date 08/19/2020	Full name of contributor out-o Harshman, Dusty Contributor address; City Aus		Zip Code 78723	Amount of contribution (\$)
Principal occup Information	Dation / Job title (See Instructions)	Employ Inform	ver (See Instruction Required)	^{ons)} ested
	ATTACH ADDITIONAL 0			FDED
	ATTACH ADDITIONAL C If contributor is out-of-state PAC, please			

Forms provided by Texas Ethics Commission

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MONET	ARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 08/19/2020 8 Principal occu	5 Full name of contributor □ out-of-state PAG Sterne, Valerie □ 6 Contributor address; City; Austin pation / Job title (See Instructions)	C (ID#:) State; Zip Code TX 78757 9 Employer (See Instruc	7 Amount of contribution (\$) \$316.11
Information	Requested	Information Requ	uested
Date 08/20/2020	Full name of contributor Hayes, Michael	C (ID#:)	Amount of contribution (\$)
00/20/2020	Contributor address; City; Colorado Springs	State; Zip Code CO 80909	\$105.58
Principal occupation / Job title (See Instructions) Employer (See Instructions) Administrator Federal govern			
Date 08/21/2020	Full name of contributor Fisher, Lisa Contributor address; City; Austin	C (ID#:) State; Zip Code TX 78748	Amount of contribution (\$)
Principal occup Yoga Teach	bation / Job title (See Instructions) er	Employer (See Instruct Pure Bikram Yog	itions) Ja
Date 08/21/2020	Full name of contributor Chapman, Terrence	C (ID#:)	Amount of contribution (\$)
00/21/2020	Contributor address; City; Austin	State; Zip Code TX 78749	\$26.63
Principal occur Information	pation / Job title (See Instructions) Requested	Employer (See Instruct Information Requ	uested
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr		

MONET	ARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 08/23/2020 8 Principal occu	Garaña, Kristine	•	7 Amount of contribution (\$) \$52.95
Date	Full name of contributor Beh, Eugenia	AC (ID#:)	Amount of contribution (\$)
08/23/2020	Contributor address; City; Arlington	State; Zip Code MA 02476	10.84
Principal occup Information	ation / Job title (See Instructions) Requested	Employer (See Instruction Requ	tions) Iested
Date	Cooper, Andee	AC (ID#:)	Amount of contribution (\$)
08/23/2020	Contributor address; City; Austin	State; Zip Code TX 78753	\$21.37
Principal occup Information	n Addition / Job title (See Instructions) Requested	Employer (See Instruction Rec	uested
Date	Full name of contributor Blackman, Leslie Alyse	AC (ID#:)	Amount of contribution (\$)
08/24/2020	Contributor address; City; Austin	State; Zip Code TX 78749	\$250.00
Principal occup Realtor	pation / Job title (See Instructions)	Employer (See Instruct Self Employed	tions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 08/24/2020	Krcmarik, Timothy	C (ID#:) State; Zip Code TX 78702	7 Amount of contribution (\$) \$26.63
8 Principal occu Information	pation / Job title (See Instructions) Requested	9 Employer (See Instruct Information Re	rtions) quested
Date 08/24/2020	Hokanson, Kim Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup Adjunct Pro	Newton Upper Falls	1	tions) Chool for Social Work
Date 08/24/2020	Flores, Manuel	C (ID#:) State; Zip Code TX 78758	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Requested	Employer (See Instruct Information Requ	
Date 08/24/2020	Full name of contributor Petty, Robin Contributor address; Katy	C (ID#:) State; Zip Code TX 77493	Amount of contribution (\$)
	pation / Job title (See Instructions) N Requested	Employer (See Instruct Information Requ	stions) Jested
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

MONET	ARY POLITICAL	CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date 08/24/2020	 Full name of contributor Garza, Kim 6 Contributor address; 	□ out-of-state PA City; Austin	TX 78752	7 Amount of contribution (\$) \$263.47
8 Principal occu Professor	pation / Job title (See Instructions)		9 Employer (See Instruct St. Edward's Un	tions) iversity
Date 08/25/2020	Full name of contributor Ruffner, Thomas	out-of-state PA	C (ID#:)	Amount of contribution (\$)
00/23/2020	Contributor address;	_{City;} Austin	State; Zip Code TX 78739	\$79.26
	n Requested		Employer (See Instruc Information Req	
Date 08/25/2020	Full name of contributor McDaniel, Amber Contributor address;	City; Austin	C (ID#:) State; Zip Code TX 78723	Amount of contribution (\$)
Principal occur Director of S	pation / Job title (See Instructions)		KIPP Texas Publi	c Schools
Date 08/26/2020	Full name of contributor Clayton, Robert Contributor address;	City;	C (ID#:) State; Zip Code TX 78704	Amount of contribution (\$)
Principal occur Database	pation / Job title (See Instructions) Administrator		City of Austin	tions)
	ATTACH ADDIT		OF THIS SCHEDULE AS N ruction guide for additional	

MONET	TARY POLITICAL CON	TRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 08/26/2020	5 Full name of contributor □ out-of-s Snee, Jody 0 6 Contributor address; City; Aust	state PAC (ID#:) State; Zip Code tin TX 78702	7 Amount of contribution (\$) \$105.58
	pation / Job title (See Instructions) alth Program Specialist	9 Employer (See Instruct Texas DFPS Pre	evention & Early Intervention
Date 08/26/2020	Full name of contributor Harrington, Jim Contributor address; City; Aust	-	Amount of contribution (\$)
	n Requested	Employer (See Instruction Information Req	
Date 08/26/2020	Full name of contributor Weller, Travis Contributor address; City; Aust	state PAC (ID#:) State; Zip Code tin TX 78702	Amount of contribution (\$)
	Deation / Job title (See Instructions) Derformer, & instrument builder	Employer (See Instruct New Music USA	
Date 08/27/2020	Full name of contributor Rocha, Melissa Contributor address; City; Aust	state PAC (ID#:) State; Zip Code tin TX 78748	Amount of contribution (\$)
Principal occup Informatior	n Angle (See Instructions) Character (See Instructions)	Employer (See Instruction Req	ctions) Uested
	ATTACH ADDITIONAL CC	DPIES OF THIS SCHEDULE AS N	NEEDED
	If contributor is out-of-state PAC, please se		

MONET	ARY POLITICAL	CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how t	o complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date 08/28/2020 8 Principal occu Information	 Full name of contributor Sprinks, Jennifer 6 Contributor address; pation / Job title (See Instructions) Requested 		State; Zip Code TX 78702 9 Employer (See Instruct Information Requ	7 Amount of contribution (\$) \$26.63
Date 08/28/2020	Full name of contributor Townsend, Judy Contributor address;		C (ID#:) State; Zip Code	Amount of contribution (\$)
Sales Analy	ation / Job title (See Instructions) St		Employer (See Instruc Cirrus Logic	tions)
Date 08/29/2020	Full name of contributor Sweet, Carolina Contributor address;	City;	C (ID#:) State; Zip Code TX 78744	Amount of contribution (\$)
Principal occup Information	n Requested		Employer (See Instruc Information Req	uested
Date 08/29/2020	Full name of contributor Boswell, Lynn Contributor address;	□ out-of-state PAC City; Austin	C (ID#:) State; Zip Code TX 78703	Amount of contribution (\$)
Principal occup Information	pation / Job title (See Instructions) Requested		Employer (See Instruct Information Requ	itions) Iested
			OF THIS SCHEDULE AS N	JEEDED
	ATTACH ADDITIO			

MONET	TARY POLITICAL	CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how t	o complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Boswell, Lynn	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
08/29/2020	6 Contributor address;	Austin	State; ^{Zip Code} TX 78703	\$105.58
8 Principal occu Information	n Requested		9 Employer (See Instruct Information Requi	tions) ested
Date	Full name of contributor Woodroffe, Teresa	out-of-state PA	C (ID#:)	Amount of contribution (\$)
08/31/2020	Contributor address;	^{City;} Austin	State; Zip Code TX 78702	\$105.58
Principal occup Writer	Dation / Job title (See Instructions)		Employer (See Instruct Self Employed	tions)
Date	Full name of contributor Wuster, Tracy	out-of-state PA	C (ID#:)	Amount of contribution (\$)
08/31/2020	Contributor address;	_{City;} Austin	State; Zip Code TX 78758	\$105.58
Principal occur Professor	pation / Job title (See Instructions)		UT	tions)
Date	Full name of contributor Landers, Monica	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
08/31/2020	Contributor address;	_{City;} Austin	State; Zip Code TX 78731	\$52.95
Principal occup	pation / Job title (See Instructions) Requested		Employer (See Instruct	
	ATTACH ADDITIC If contributor is out-of-state PAC,		OF THIS SCHEDULE AS N ruction guide for additional r	

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MONET	ARY POLITICAL	CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to	o complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date 08/31/2020	 Full name of contributor Daemmrich, Janis 6 Contributor address; 		C (ID#:) State; Zip Code TX 78701	7 Amount of contribution (\$) \$52.95
8 Principal occu Information	pation / Job title (See Instructions) Requested		9 Employer (See Instruct Information Requ	ested
Date 08/31/2020	Full name of contributor McLeod, Patricia Contributor address;	City; Austin	C (ID#:) State; Zip Code TX 78748	Amount of contribution (\$)
Principal occup Information	ation / Job title (See Instructions) Requested		Employer (See Instruct Information Requ	tions) ested
Date 08/31/2020	Full name of contributor Gendron, Christine Contributor address;	City;	C (ID#:) State; Zip Code TX 78721	Amount of contribution (\$)
Principal occup Executive	pation / Job title (See Instructions) Director		Employer (See Instruct Texas Network of	f Youth Services
Date 09/01/2020	Full name of contributor Garrett, Lacey Contributor address;	City;	C (ID#:) State; Zip Code TX 78723	Amount of contribution (\$)
Principal occup Teacher	pation / Job title (See Instructions)		Employer (See Instruc The Rise School	of Austin
	ATTACH ADDITIC If contributor is out-of-state PAC,		OF THIS SCHEDULE AS N ruction guide for additional	

MONET	TARY POLITICAL	CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date 09/01/2020	 5 Full name of contributor Garrett, Patrick 6 Contributor address; 	_	C (ID#:) State; Zip Code TX 78723	7 Amount of contribution (\$) \$26.63
8 Principal occu Information	pation / Job title (See Instructions) Requested		9 Employer (See Instruc Information Requ	
Date 09/01/2020	Full name of contributor Thompson Sr., Kennef Contributor address;	□ out-of-state PAG th City; Austin	C (ID#:) State; Zip Code TX 78753	Amount of contribution (\$)
Principal occup Radio Talk \$	ation / Job title (See Instructions) Show Host		Employer (See Instruct KENNETH D THO	
Date 09/01/2020	Full name of contributor Fuentes, Diana Contributor address;	City;	C (ID#:) State; Zip Code TX 78702	Amount of contribution (\$)
Principal occup Bookkeeper	pation / Job title (See Instructions)		Employer (See Instruc Tax Trailer	tions)
Date	Full name of contributor Shira, Joan	out-of-state PA	C (ID#:)	Amount of contribution (\$)
09/02/2020	Contributor address;	_{City;} Austin	State; Zip Code TX 78723	\$105.58
Principal occup Teacher	Deation / Job title (See Instructions)		Employer (See Instruc	tions)
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MONET	ARY POLITICAL	CONTR	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date 09/02/2020	 5 Full name of contributor Wegmann, Karen 6 Contributor address; 	City; Austin	C (ID#:) State; Zip Code TX 78748	7 Amount of contribution (\$) \$52.95
8 Principal occu Information	pation / Job title (See Instructions) Requested	9 Employer (See Instruc Information Requ	tions) ested	
Date 09/03/2020	Full name of contributor Louie, Chawntal	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	_{City;} Austin	State; Zip Code TX 78721	\$105.58
Principal occup	aation / Job title (See Instructions) Requested		Employer (See Instruct Information Req	^{tions)} uested
Date	Full name of contributor McQueeny, Crystal	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
09/03/2020	Contributor address;	_{City;} Austin	State; Zip Code TX 78749	\$26.63
Principal occup	pation / Job title (See Instructions) Requested		Employer (See Instruc Information Requ	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
09/03/2020	Vanwart, Bill Contributor address;	_{City;} Austin	State; Zip Code TX 78723	\$158.21
Principal occup Director of S	pation / Job title (See Instructions) Software		Employer (See Instruc GrayWolf Sensing	tions) Solution
	ATTACH ADDIT If contributor is out-of-state PAC		OF THIS SCHEDULE AS N uction guide for additional i	

MONET	ARY POLITICAL	CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date 09/03/2020	 5 Full name of contributor [Smith, Douglas 6 Contributor address; 	out-of-state PAC	(ID#:) State; Zip Code	7 Amount of contribution (\$) \$52.95
	pation / Job title (See Instructions)		9 Employer (See Instruct Senior Policy Ana	
Date 09/03/2020	Full name of contributor Trevino, Afton Contributor address;	☐ out-of-state PAC City; Buda	(ID#:) State; Zip Code TX	Amount of contribution (\$)
Principal occup Attorney	ation / Job title (See Instructions)		Employer (See Instruct City of Austin	ions)
Date 09/03/2020	Full name of contributor Squires, Debra Contributor address;	□ out-of-state PAC City; Austin	(ID#:) State; Zip Code TX 78722	Amount of contribution (\$)
Principal occup Information	ation / Job title (See Instructions) Requested		Employer (See Instruct Information Requi	^{tions)} ested
Date 09/04/2020	Full name of contributor Woodruff, Candice Contributor address;	□ out-of-state PAC City; \ustin	(ID#:) State; Zip Code TX 78759	Amount of contribution (\$)
Principal occup Information	ation / Job title (See Instructions)		Employer (See Instruct Information Requi	tions) ested
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The	Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1:
FILER NAME				3 Filer ID (Ethics Commission Filers)
Date 09/05/2020	5 Full name of contributor Riegel, Daniel	out-of-state P	AC (ID#:)	7 Amount of contribution (\$) \$105.58
	6 Contributor address;	^{City;} Austin	State; Zip Code TX 78704	* • • • • • • •
Principal occu Lawyer	pation / Job title (See Instructions)		⁹ Employer (See Instruc Richards Rodrigue	ez & Skeith LLP
Date 09/06/2020	Full name of contributor Corder, Daphne	out-of-state P	AC (ID#:)	Amount of contribution (\$)
00/00/2020	Contributor address;	_{City;} Austin	State; Zip Code TX 78759	<i>\</i> 20.00
Principal occur Dyslexia S	pation / Job title (See Instructions) Decialist		Employer (See Instruc	tions)
Date	Full name of contributor Sease, Jim	out-of-state P	AC (ID#:)	Amount of contribution (\$)
09/06/2020	Contributor address;	Austin	State; ^{Zip Code} TX 78731	\$52.95
Principal occup	Deation / Job title (See Instructions)		Employer (See Instruc Information Req	tions) Uested
Date	Full name of contributor Sweet, Carolina	out-of-state P	AC (ID#:)	Amount of contribution (\$)
09/06/2020	Contributor address;	_{City;} Austin	State; Zip Code TX 78744	\$200.00
Principal occur Information	pation / Job title (See Instructions) Requested		Employer (See Instruc Information Reque	tions) ested

2 FILER NAME 3 Fler ID. (Ethics Commission Filers) 4 Date 09/08/2020 5 Full name of contributor Tovo, Kathie • <td< th=""><th>The</th><th>Instruction Guide explains how to complete this</th><th>is form.</th><th>1 Total pages Schedule A1:</th></td<>	The	Instruction Guide explains how to complete this	is form.	1 Total pages Schedule A1:
09/08/2020 Image: Contributor address; City; State; Zip Code \$52.95 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Date 09/08/2020 Full name of contributor out-of-state PAC (IDF:				3 Filer ID (Ethics Commission Filers)
Austin TX 78705 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date 09/08/2020 Full name of contributor Weeks, Allen 09/08/2020 out-of-state PAC (IDF:	-	Tovo, Kathie		
Date Full name of contributor □ out-of-state PAC (ID#:) Amount of contribution (\$) 09/08/2020 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Amount of contribution (\$) \$52.95 Date Full name of contributor □ out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor □ out-of-state PAC (ID#:) Amount of contribution (\$) 09/10/2020 Full name of contributor □ out-of-state PAC (ID#:) Amount of contribution (\$) Principal occupation / Job title (See Instructions) City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) \$25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$25.00 Date Og/10/2020 Full name of contributor Imformation Requested Amount of contribution (\$) Date Full name of contributor □ out-of-state PAC (ID#:				
Date Full name of contributor City: State: Zip Code Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:	8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	itions)
Date Full name of contributor address; City; State; Zip Code 09/10/2020 Full name of contributor out-of-state PAC (ID#:			AC (ID#:)	
Date Full name of contributor Image: out-of-state PAC (ID#:) Amount of contribution (\$) 09/10/2020 State: Zip Code Amount of contribution (\$) Contributor address; City; State: Zip Code Austin TX 78750 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contributors) Information Requested Information Requested Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 09/10/2020 Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) 09/10/2020 Contributor address; City; State; Zip Code Austin TX 78748 Amount of contribution (\$)	00/00/2020	Contributor address; City;	State; Zip Code	ψ02.00
09/10/2020 Bulla, Dale State: Zip Code \$25.00 Contributor address; City; State; Zip Code \$25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Information Requested Date 09/10/2020 Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 09/10/2020 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Amount of contributor Contributor address; City; State; Zip Code Mastin TX 78748 Amount of contribution (\$)	Principal occur Executive L	ation / Job title (See Instructions) DIFECTOF	Austin Voices for	Education and Youth
Contributor address; City; State; Zip Code Austin TX 78750 Principal occupation / Job title (See Instructions) Employer (See Instructions) Information Requested Information Requested Date 09/10/2020 Full name of contributor Rendon, Mary out-of-state PAC (ID#:) Contributor address; City; State; Zip Code TX 78748			AC (ID#:)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 09/10/2020 Contributor address; City; State; Zip Code \$105.58 Contributor address; City; State; Zip Code \$105.58	09/10/2020		· ·	\$25.00
09/10/2020 Contributor address; Contributor address; City; Ci	Principal occup	pation / Job title (See Instructions) Requested	Employer (See Instruction Rec	uested
Contributor address; City; State; Zip Code Austin TX 78748			AC (ID#:)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Information Requested	00,10,2020			\$100.00
	Principal occur Information	ation / Job title (See Instructions)	Employer (See Instruction Rec	uested

MONET	ARY POLITICAL	CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how t	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date 09/11/2020	 5 Full name of contributor Medrano, Cassandra 6 Contributor address; 		C (ID#:) State; Zip Code	7 Amount of contribution (\$) \$50.00
⁸ Principal occu Governmen	pation / Job title (See Instructions) t		⁹ Employer (See Instruc Texas Workforce	tions) Commission
Date 09/11/2020	Full name of contributor Guillory, Chia Contributor address;	City;	C (ID#:) State; Zip Code TX 78702	Amount of contribution (\$)
Principal occup Designer	vation / Job title (See Instructions)		Self Employed	tions)
Date 09/11/2020	Full name of contributor Peck, Megan Contributor address;	City;	C (ID#:) State; Zip Code TX 78702	Amount of contribution (\$) \$100.00
Digital Asse	ation / Job title (See Instructions) t Manager		YETI	uons)
Date 09/11/2020	Full name of contributor Strickland, Buff Contributor address;	City;	C (ID#:) State; Zip Code TX 78723	Amount of contribution (\$)
Principal occup Self Employ	pation / Job title (See Instructions) 'ed		Employer (See Instruc Self Employed	tions)
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	If contributor is out-of-state PAC,			

MONET	ARY POLITICAL	CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date 09/11/2020	 5 Full name of contributor King, David 6 Contributor address; 	City;	(ID#:) State; Zip Code TX 78704	7 Amount of contribution (\$)
8 Principal occu Retired	pation / Job title (See Instructions)		9 Employer (See Instruct Retired	tions)
Date 09/11/2020	Full name of contributor Singh, Arati Contributor address;	City;	(ID#:) State; Zip Code TX 78735	Amount of contribution (\$)
Principal occup Educationa	ation / Job title (See Instructions) al Evaluator		Employer (See Instruc Raise Achieveme	tions) ent LLC
Date 09/12/2020	Full name of contributor McKiernan-Gonzalez, Contributor address;	□ out-of-state PAC John City; Austin	(ID#:) State; Zip Code TX 78741	Amount of contribution (\$)
Principal occup Teacher	bation / Job title (See Instructions)		Employer (See Instruct Texas State Unive	
Date 09/12/2020	Full name of contributor Goble, Elizabeth Contributor address;	City;	S (ID#:) State; Zip Code TX 78748	Amount of contribution (\$)
Principal occup Retired	ation / Job title (See Instructions)		Employer (See Instruc Retired	tions)
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MONET	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 09/12/2020	 5 Full name of contributor Bowers, Lauren 6 Contributor address; 6 City; Austin 	C (ID#:) State; Zip Code TX 78723	7 Amount of contribution (\$)
8 Principal occu Marketing	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 09/12/2020	Full name of contributor Bendele, Marvin Contributor address; City; Austin	C (ID#:) State; Zip Code TX 78722	Amount of contribution (\$)
Education	pation / Job title (See Instructions)	Employer (See Instruc UT	tions)
Date 09/12/2020	Full name of contributor Dock, Steve Contributor address; City; Austin	C (ID#:) State; Zip Code TX 78722	Amount of contribution (\$)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruc Retired	tions)
Date 09/12/2020	Full name of contributor Guerra, Luis Contributor address; City; Austin	C (ID#:) State; Zip Code TX 78704	Amount of contribution (\$)
Retired	Deation / Job title (See Instructions)	Retifed	tions)
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MONET	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 09/12/2020	 5 Full name of contributor Brinsmade, Louisa 6 Contributor address; City; Austin 	C (ID#:) State; Zip Code TX 78702	7 Amount of contribution (\$) \$1,000.00
8. Principal occu Chief of Stat	pation / Job title (See Instructions)	9 Employer (See Instruc City of Austin	tions)
Date 09/13/2020	Full name of contributor Evans, Roxanne Contributor address; City; Austin	C (ID#:) State; Zip Code TX 78723	Amount of contribution (\$)
Communica	pation / Job title (See Instructions) tions Professional	Employer (See Instruc Evans Communica	ations) ations Ltd
Date 09/13/2020	Full name of contributor McKiernan-Gonzalez, John Contributor address; City; Austin	C (ID#:) State; Zip Code TX 78741	Amount of contribution (\$)
Principal occup Teacher	Dation / Job title (See Instructions)	Employer (See Instruc Texas State Univ	
Date 09/13/2020	Full name of contributor Valenzuela, Angela Contributor address; City; Austin	C (ID#:) State; Zip Code TX 78704	Amount of contribution (\$)
Principal occup Professor	Dation / Job title (See Instructions)	Employer (See Instruc UT	tions)
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The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 09/14/2020	Johnston, Elizabeth	D#:) State; Zip Code	7 Amount of contribution (\$) \$100.00
³ Principal occur Environmen	pation / Job title (See Instructions) 9 tal Coordinator	Employer (See Instruc City of Austin	tions)
Date 09/14/2020	Contributor address; City;	D#:) State; Zip Code TX 78757	Amount of contribution (\$)
Principal occup Political Cor	ation / Job title (See Instructions)	Employer (See Instruct Self-Employed	tions)
Date 09/14/2020	Peters, Jennifer Contributor address; City;	D#:) State; Zip Code TX 78745	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc Information Requ	^{tions)} Iested
Date 09/14/2020	Full name of contributor Out-of-state PAC (IE Somers, Susan Contributor address; City; Austin	D#:) State; Zip Code TX 78758	Amount of contribution (\$)
Principal occup Information	ation / Job title (See Instructions)	Employer (See Instruc Information Requ	tions) lested

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The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date 09/14/2020	5 Full name of contributor Abrahams, Sarah	out-of-state PA	C (ID#:)	7 Amount of contribution (\$) \$50.00
09/14/2020	6 Contributor address;	^{City;} Austin	State; Zip Code TX 78759	
8 Principal occu Administra	pation / Job title (See Instructions) ator		9 Employer (See Instruc Texas Departmen	tions) It of Family and Protective Srvs
Date	Full name of contributor Sullivan, Maury	out-of-state PA	C (ID#:)	Amount of contribution (\$)
09/14/2020	Contributor address;	_{City;} Austin	State; Zip Code TX 78751	\$20.00
Principal occup Consultar	ation / Job title (See Instructions)		Employer (See Instruct Self Employed	tions)
Date 09/14/2020	Full name of contributor Perri, Shannon	out-of-state PA	C (ID#:)	Amount of contribution (\$) \$100.00
00,1 1/2020	Contributor address;	_{City;} Austin	State; Zip Code TX 78745	
Principal occur Marketing	bation / Job title (See Instructions)		Employer (See Instruc Chris Perri Law	tions)
Date	Full name of contributor Bailey, Linda	out-of-state PA	C (ID#:)	Amount of contribution (\$)
09/15/2020	Contributor address;	_{City;} Austin	State; Zip Code TX 78730	\$150.00
Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instruc Retired	tions)
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MONET	TARY POLITICAL	CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how	to complete this	; form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date 09/15/2020	 5 Full name of contributor Nelson, Robin 6 Contributor address; 		-	7 Amount of contribution (\$) \$25.00
8 Principal occu Executive A	pation / Job title (See Instructions) SSIStant		9 Employer (See Instruct Office of the Attorn	etions) Ney General
Date 09/15/2020	Full name of contributor Clark, April Contributor address;	City; Austin	C (ID#:) State; Zip Code TX 78701	Amount of contribution (\$)
Principal occup Architect	pation / Job title (See Instructions)		Employer (See Instruct Clark I Richardso	
Date 09/16/2020	Full name of contributor Ellinor, Dan Contributor address;	City; Austin	C (ID#:) <u>State;</u> Zip Code TX 78703	Amount of contribution (\$) \$100.00
Principal occup Retired	bation / Job title (See Instructions)		Employer (See Instruc Retired	 ctions)
Date 09/16/2020	Full name of contributor Janes, Sara Contributor address;	City; Austin	State; Zip Code TX 78722	Amount of contribution (\$)
Principal occup Lawyer	Deation / Job title (See Instructions)		Employer (See Instruc WSH LLP	tions)
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				1 Tables of Cohedule A4
The	Instruction Guide explains how	1 Total pages Schedule A1:		
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date 09/16/2020	5 Full name of contributor Benevelli, Tahira	out-of-state PA	C (ID#:)	7 Amount of contribution (\$) \$50.00
09/10/2020	6 Contributor address;	_{City;} Austin	State; Zip Code TX 78739	
8 Principal occu Teacher	pation / Job title (See Instructions)		9 Employer (See Instruct Self Employed	ctions)
Date 09/16/2020	Full name of contributor Zander Mason, Diane	out-of-state PA	C (ID#:)	Amount of contribution (\$) \$300.00
	Contributor address;	_{City;} Austin	State; Zip Code TX 78723	
Principal occup Self Emplo	pation / Job title (See Instructions)		Employer (See Instruc Self Employed	tions)
Date 09/17/2020	Full name of contributor Thoorens, Sarah	out-of-state PA	C (ID#:)	Amount of contribution (\$) \$50.00
	Contributor address;	_{City;} Austin	State; Zip Code TX 78752	
Administrate	oation / Job title (See Instructions) DI		Employer (See Instruc UT Austin	stions)
Date 09/17/2020	Full name of contributor Zeh, Lyria	out-of-state PA	C (ID#:)	Amount of contribution (\$)
09/17/2020	Contributor address;	^{City;} Austin	State; Zip Code TX 78704	\$50.00
Principal occup Program Di	pation / Job title (See Instructions) rector		Employer (See Instruct Michael & Susa	n Dell Foundation
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The	Instruction Guide explains how to complete thi	is form	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 09/18/2020	 Full pame of contributor Arellano, Manuel 6 Contributor address; City; Austin 	AC (ID#:) State; Zip Code TX 78723	7 Amount of contribution (\$) \$10.00
⁸ Principal occu Analyst	pation / Job title (See Instructions)	9 Employer (See Instruc Ascension	tions)
Date 09/18/2020	Sterling, Elissa	AC (ID#:) State; Zip Code TX 78759	Amount of contribution (\$)
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instruc Retired	tions)
Date 09/19/2020	Full name of contributor Webb, Carl Contributor address; City; Austin	AC (ID#:) State; Zip Code TX 78758	Amount of contribution (\$)
Principal occup Construction	ation / Job title (See Instructions) ງ Worker	Employer (See Instruc International Brot	tions) herhood of Electrical Workers
Date 09/19/2020	Full name of contributor Chappel, Patricia Contributor address; City; Lexingtor	State; Zip Code	Amount of contribution (\$)
Principal occup Deputy Cler	ation / Job title (See Instructions) K	Employer (See Instruc Lee County	tions)

MONET	ARY POLITICAL	CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how	to complete this	; form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date 09/19/2020 8 Principal occu Administrate	6 Contributor address;		State; Zip Code	7 Amount of contribution (\$) \$25.00
Date 09/19/2020	Full name of contributor Atkins, Sandra Contributor address;	_ 	State; Zip Code TX 76549	Amount of contribution (\$)
Principal occup Workforce S	ation / Job title (See Instructions)		Employer (See Instruct Workforce Solution	ctions) Ons of Central Texas
Date 09/19/2020	Full name of contributor Moroney, Patricia P Contributor address;	City; Schertz	C (ID#:) State; Zip Code TX 78154	Amount of contribution (\$)
Retired	bation / Job title (See Instructions)		Employer (See Instruc Retired	tions)
Date 09/19/2020	Full name of contributor Barsalou, Patricia Contributor address;	City;	State; Zip Code TX 78109	Amount of contribution (\$)
Principal occup Attorney	bation / Job title (See Instructions)		Employer (See Instruct State of Texas	ctions)
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MONET	TARY POLITICAL	CONTR	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Pires, Angela	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$) \$50.00
09/20/2020	6 Contributor address;	_{City;} Austin	State; Zip Code TX 78702	
8 Principal occu Film Editor	pation / Job title (See Instructions)		9 Employer (See Instruct Self-Employed	tions)
Date	Full name of contributor Roselle, Susie	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
09/20/2020	Contributor address;	_{City;} Austin	State; Zip Code TX 78751	\$100.00
Principal occup Graphic De	Dation / Job title (See Instructions)		Employer (See Instruct Self-Employed	ions)
Date 09/20/2020	Full name of contributor Pringle, Susanne Contributor address;	City;	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup Attorney	pation / Job title (See Instructions)	Austin	TX 78751 Employer (See Instruct	tions)
Date 09/20/2020	Full name of contributor Martinson, Erin	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
00/20/2020	Contributor address;	_{City;} Austin	State; Zip Code TX 78751	
Principal occup Information	bation / Job title (See Instructions) Requested		Employer (See Instruct Information Reque	
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2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date 09/20/2020	5 Full name of contributor Flores, Lisa	out-of-state PA	C (ID#:)	7 Amount of contribution (\$) \$20.00
	6 Contributor address;	_{City;} Austin	State; Zip Code TX 78723	
8 Principal occu Advocacy S	pation / Job title (See Instructions)		9 Employer (See Instruct Easterseals TX	tions)
Date 09/20/2020	Full name of contributor Trevino, Mary	out-of-state PA	C (ID#:)	Amount of contribution (\$) \$263.47
	Contributor address;	_{City;} Austin	State; Zip Code TX 78731	
Principal occup	ation / Job title (See Instructions) Requested		Employer (See Instruc Information Requ	tions) Iested
Date 09/20/2020	Full name of contributor Muller, Chandra Contributor address;	□ out-of-state PA City; Austin	C (ID#:) State; Zip Code TX 78705	Amount of contribution (\$)
Principal occup Professor	ation / Job title (See Instructions)		Employer (See Instruc UT	tions)
Date 09/20/2020	Full name of contributor Currens, Leslie Contributor address;	□ out-of-state PA City; Austin	C (ID#:) State; Zip Code TX 78750	Amount of contribution (\$)
Principal occup Software	ation / Job title (See Instructions)		Employer (See Instruct BMC	tions)

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 09/20/2020 8 Principal occu Employment	 Full name of contributor Eiserloh, Laurie G Contributor address; City; pation / Job title (See Instructions) Team Leader, Assistant Co Attorney 	State; Zip Code 9 Employer (See Instruct	7 Amount of contribution (\$) \$105.58 tions)
Date 09/20/2020	Trahanovsky, Mary	(ID#:) State; Zip Code TX 78751	Amount of contribution (\$)
Principal occup Tinkerer	ation / Job title (See Instructions)	Employer (See Instruc Self	tions)
Date 09/20/2020	Full name of contributor Cavanagh, Shannon Contributor address; City; Austin	(ID#:) State; Zip Code TX 78751	Amount of contribution (\$)
Principal occur Professor	pation / Job title (See Instructions)	Employer (See Instruc UT	tions)
Date 09/21/2020	Full name of contributor Webberman, Amy Contributor address; City; Austin	(ID#:) State; Zip Code TX 78731	Amount of contribution (\$) \$200.00
Principal occur Mom/comn	pation / Job title (See Instructions)	Employer (See Instruc None	tions)
	ATTACH ADDITIONAL COPIES (IFEDED
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instru		

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MONET	ARY POLITICAL C	ONTRI	BUTION	S	SCHEDULE A1
The	Instruction Guide explains how to c	complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
4 Date 09/21/2020	6 Contributor address;	out-of-state PAC City; Austin	C (ID#: State; Zip Cr TX 78	ode 3703	7 Amount of contribution (\$) \$10.00
8 Principal occu Project Ma	pation / Job title (See Instructions) Nager		9 Employer (S Self Empl		ions)
Date 09/21/2020	Contributor address;	out-of-state PAC City; Austin	State; Zip C TX 78	3759	Amount of contribution (\$)
Principal occup Communic	ation / Job title (See Instructions) ations		UT	ee Instructi	ions)
Date 09/21/2020	Chan, Christina	out-of-state PAC City; Austin	State; Zip Co	ode 8705	Amount of contribution (\$) \$75.00
Principal occup Self Emplo	pation / Job title (See Instructions) yed		Employer (S Charmed	ee Instructi Labs	ions)
Date 09/21/2020	Marteleto, Leticia	out-of-state PAC City; JStin	State; Zip Co) ode 3751	Amount of contribution (\$) \$59.00
Principal occup Professor	pation / Job title (See Instructions)		Employer (S UT	ee Instruct	ions)
			<u>.</u>		
	ATTACH ADDITION If contributor is out-of-state PAC, ple				

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The	Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Williams, Esther	out-of-state P/	AC (ID#:)	7 Amount of contribution (\$) \$100.00
00/21/2020	6 Contributor address;	_{City;} Austin	State; Zip Code TX 78736	\$100.00
³ Principal occu Cosmetolo	pation / Job title (See Instructions) gist		9 Employer (See Instruct Self Employed	tions)
Date 09/21/2020	Full name of contributor Koppel, Jennifer	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	_{City;} Austin	-	
Principal occup Self Emplo	pation / Job title (See Instructions)		Self Employer (See Instruction Self Employed	tions)
Date 09/22/2020	Full name of contributor Lewis, Davonne	☐ out-of-state P/ City;	AC (ID#:) State; Zip Code	Amount of contribution (\$)
	Contributor address,	Austin	State; Zip Code TX 78704	
Principal occup Analyst	pation / Job title (See Instructions)		Employer (See Instruc Boston Financia	ctions) al
Date 09/23/2020	Full name of contributor Cooper, Andee Contributor address;	City;	AC (ID#:) State; Zip Code TX 78753	Amount of contribution (\$)
	n Requested		Employer (See Instruction Rec	

MONET	ARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 09/23/2020	5 Full name of contributor □ out-of-state PA Macor, Alison □ 6 Contributor address; City;		7 Amount of contribution (\$) \$79.26
8 Principal occu Informatic	pation / Job title (See Instructions) on Requested	9 Employer (See Instruct Information Requ	
Date 09/24/2020	Full name of contributor Krcmarik, Timothy Contributor address; Contributor for address Contributor address City; Austin	C (ID#:) State; Zip Code TX 78702	Amount of contribution (\$)
	pation / Job title (See Instructions) On Requested	Employer (See Instruc Information Req	
Date 09/24/2020	Everitt, Patti	C (ID#:) State; Zip Code TX 78722	Amount of contribution (\$)
Principal occup Consultar	bation / Job title (See Instructions) It	Employer (See Instruct Self-Employed	tions)
Date 09/24/2020	Full name of contributor Montenegro, Carolina Contributor address; City; Austin	C (ID#:) State; Zip Code TX 78723	Amount of contribution (\$)
Principal occup Engineer	Deation / Job title (See Instructions)	Employer (See Instruction Intel	tions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

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MONET	ARY POLITICAL CON	TRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complet	e this form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 09/24/2020 8 Principal occu	Straw, Andrew	state; Zip Code TX 75007 9 Employer (See Instru	7 Amount of contribution (\$) \$50.00
Teacher		St. Michael's Cat	
Date 09/24/2020	Garza, Theresa	<i>i</i> 1	Amount of contribution (\$)
Principal occup HR Manage	pation / Job title (See Instructions)	Employer (See Instru Apple	uctions)
Date 09/24/2020	Rodriguez, Rafael	ate PAC (ID#: State; Zip Code TX 78757	Amount of contribution (\$)
Principal occup Draftsman	ation / Job title (See Instructions)	Employer (See Instru CobbFendley	uctions)
Date 09/24/2020	Mims, Nancy	state; Zip Code TX 78751	Amount of contribution (\$)
Principal occup Artist	ation / Job title (See Instructions)	Employer (See Instru Self	uctions)
	ATTACH ADDITIONAL CO If contributor is out-of-state PAC, please see	PIES OF THIS SCHEDULE AS Instruction guide for additiona	

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Date 09/24/2020 8 Principal occur Director	Galasso, Fedora	s (ID#:) State; Zip Code TX 78705 9 Employer (See Instruct TNOYS	7 Amount of contribution (\$) \$50.00
Date 09/24/2020	Full name of contributor Wallace, Deirdre Contributor address; City; Austin	(ID#:) State; Zip Code TX 78704	Amount of contribution (\$)
Principal occup Consultan	ation / Job title (See Instructions) t	Employer (See Instruc Self Employed	tions)
Date 09/15/2020	Full name of contributor Denkler, Ann Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Requested	Employer (See Instruc Information Reque	
Date 09/22/2020	Full name of contributor Jesus Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Requested	Employer (See Instruc	
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, please see Instr	uction guide for additional	reporting requirements.

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 09/22/2020	Education Austin	C (ID#:) State; Zip Code	7 Amount of contribution (\$) \$10,000
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC) (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES		

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 _{Date} 9/15/2020	 6 Full name of contributor □ out-of-state PAC (ID#: Education Austin 7 Contributor address; City; State; 	Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description \$5,000 yard signs Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 8/1/2020 Principal occ	Full name of contributor out-of-state PAC (ID#: Aldente, James Contributor address; City; State; upation / Job title (FOR NON-JUDICIAL) (See Instructions)) Zip Code Employe	Amount of Contribution \$ In-kind contribution description \$ 1,500 Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this forr	n.	1 Total pages Schedule A2:
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 _{Date} 8/1/2020	 6 Full name of contributor □ out-of-state PAC (ID#: Smith, Koven 7 Contributor address; City; State;) Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description \$1,500 website design and hosting Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 8/7/2020	Full name of contributor 🗌 out-of-state PAC (ID#: Texas Democratic Party Contributor address; City; State;	Zip Code	Amount of Contribution \$ In-kind contribution description \$1,000 VAN Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

			-
Tł	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 _{Date} 8/16/2020	 6 Full name of contributor □ out-of-state PAC (ID#: 7 Contributor address; City; State;) Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description \$60.00 photos Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Principal occ	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Zip Code Employe	Amount of In-kind contribution Contribution \$ In-kind contribution description
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T		
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi		

SCHEDULE F1

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Travel In District Travel Out Of District	ipment & Related Expense
4	a				2 ET 10 (ET)	
1 Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Ethi	cs Commission Filers)
⁴ _{Date} 08/21/2020	5 Payee na Texas	s Democratic Party				
6 Amount (\$) \$466.67	7 Payee a	ddress;		_{City;} Austin	State; TX	Zip Code 78761
8	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other		,	VAN		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if A	ustin, TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
09/4/2020	Gusto	0				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$250.06						
	Category	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE	Other	ſ		Tax		
OF EXPENDITURE						
		Check if travel outside of Texas. Complete	Schedule T.	Check if A	ustin, TX, officeholder livi	ng expense
Complete ONLY if direct	Candio	date / Officeholder name		Office sought		Office held
expenditure to benefit C/OF						
Date	Payee n	ame				
09/4/2020	Gusto	D				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$774.10						
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Salar	ies/Wages/Contract L	abor	Salary		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Au	ustin, TX, officeholder livin	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense P y Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement Office Overhead/Rental Expense folling Expense rrinting Expense ialaries/Wages/Contract Labor now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
⁴ Date 09/05/2020	5 Payee name NGP VAN		
6 Amount (\$) \$162.38	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Solicitation/Fundraising Exper		
	(C) Check if travel outside of Texas. Complete Sched	dule T. Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 09/08/2020	Payee name Gusto		
Amount (\$) \$250.06	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Other	dule) Description Tax	
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/08/2020	Gusto		
Amount (\$)	Payee address;	City;	State; Zip Code
\$774.10			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schere Salaries/Wages/Contract Lab		
	Check if travel outside of Texas. Complete Sched	lule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Commit Credit Card Payment		Fees Office Over Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	JAME			3 Filer ID (Ethic	s Commission Filers)		
⁴ Date 09/14/2020	I/2020 5 Payee name Gusto						
6 Amount (\$) \$250.04	7 Payee a	ddress;		City;	State;	Zip Code	
8 (a) Category (See Categories listed at the top of this schedule PURPOSE OF EXPENDITURE		s schedule)	(b) Description Tax				
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	stin, TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
09/14/2020	Gust	C					
Amount (\$) \$77/ 11	Payee a	ddress;		City;	State;	Zip Code	

\$774.11			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Salary	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offic	ceholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 09/20/2020	Payee name Texas Democratic Party			
Amount (\$) \$466.67	Payee address;	_{City;} Austin	State; TX	Zip Code 78761
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description VAN		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held

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 Loan Repayment/Reimburset Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Lal		xpense Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 2 FILER NAME						3 Filer ID (Ethics	Commission Filers)
4 Date 5 Payee name 09/21/2020 Gusto 6 Amount (\$) 7 Payee address;				Cit	ty;	State	e;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		chedule) ((b) Descri	iption			
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	c	heck if Austi	n, TX, officeholde	r living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought Office held			Office held	
Date	Payee na	ame						
Amount (\$)	Payee address;			Cit	ty;	State	e;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		hedule)	Descri	ption			
	Check if travel outside of Texas. Complete Schedule T. Check if Aus			heck if Austi	n, TX, officeholde	r living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H			Office s	sought		(Office held
Date	Payee n	ame						
Amount (\$)	Payee a	Payee address;		Cit	ty;	State	e;	Zip Code
Category (See Categories listed at the top of this sch PURPOSE OF EXPENDITURE		hedule)	Descri	ption				
	Check if travel outside of Texas. Complete Schedule T. Check if Au			heck if Austi	stin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office	sought			Office held
	AT	TACH ADDITIONAL COPIES	OF THIS SC	HEDULI	EASNEE	DED		

SCHEDULE F1

	EXPE	NDITURE CATE	GORIES F	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollir y Gift/Awards/Memorials Expense Printi		Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 2 FILER NAME					3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee name Donate Way						
6 Amount (\$) \$429.76				_{City;} Austin	State; TX	Zip Code 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Fees Fees				n, TX, officeholder livin;		
(c) Check if travel outside of Texas. Complete Schedule T. 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name			Office sought		Office held		
Date	Payee name						
Amount (\$)	Payee address;			City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	OF		schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if A			Check if Austir	n, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office sought		Office held	
Date	Payee name						
Amount (\$)	Payee address;			City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)			Description			
	Check if travel ou	utside of Texas. Complete S	chedule T.	Check if Austin	stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officer	nolder name		Office sought		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
1	C/OH NAME 2 Filer ID (Ethics Commission Filers) Noelita L. Lugo							
3	SIGNA	TURE						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat- ing a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.							
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••						
	Α.	CAMPAIGN FUNDS						
	Chec	conly one:						
		I do not have unexpended contributions or unexpended interest or income earned fro	om political contributions.					
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.							
	B. ASSETS							
	Chec	c only one:						
		I do not retain assets purchased with political contributions or interest or other incom	e from political contributions.					
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.							
		S	ignature of Candidate					
5	 5 OFFICEHOLDER •• Complete this section <i>only</i> if you are an officeholder •• 							
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.							
		Si	gnature of Officeholder					