# 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 /<br>OFFICEHOLDER                       | MS / MRS / MR FIRST Noelita                                     | MI   | OFFICE USE ONLY   |
| NAME  | NICKNAME LAST   | SUFFIX   | Date Received   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | ADDRESS / PO BOX; APT / SUITE #;<br>P.O. Box 1192               | city; state; zip code<br>Manchaca, Texas 78748 |   |
| Change of Address                                   |   |  |   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE               | AREA CODE         PHONE NUMBER           (512)         627-8960 | EXTENSION                                      | Date Hand-delivered or Date Postmarked                                  |
| 6 CAMPAIGN<br>TREASURER                             | MS/MRS/MR FIRST<br>Mr. Reedy                                    | MI   | Receipt # Amount \$   |
| NAME  | NICKNAME LAST Springer,   | SUFFIX   | Date Processed  |
|   | Springer,   | 111  | Date Imaged   |
| 7 CAMPAIGN  | STREET ADDRESS (NO PO BOX PLEASE); APT                          | SUITE #; CITY;                                 | STATE; ZIP CODE   |
| TREASURER<br>ADDRESS                                | 6605 Cairsbrooke Lane   | Austin   | TX 78754  |
| (Residence or Business)                             |   |  |   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                    | AREA CODE PHONE NUMBER<br>(737) 203-1113                        | EXTENSION                                      |   |
| 9 REPORT TYPE                                       | January 15 South day before                                     | e election Runoff                              | 15th day after campaign<br>treasurer appointment<br>(Officeholder Only) |
|   | July 15 8th day before  | election Exceeded Modified<br>Reporting Limit  | Final Report (Attach C/OH - FR)   |
| 10 PERIOD   | Month Day Year  | Month  | _Day Year   |
| COVERED   | 9 / 25 / 2020   | through 10/                                    | 22 / 2020   |
| 11 ELECTION   | ELECTION DATE   | ELECTION TYPE                                  |   |
|   | Month Day Year Primar<br>11 3 2020 Gener                        | Description                                    |   |
| 12 OFFICE   | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known                     | )   |
|   |   |  |   |
|   | GO TO   | D PAGE 2                                       |   |

Forms provided by Texas Ethics Commission

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME                                |                    | 15 F   | iler ID (Ethics Commission Filers)  |
|---|--------------------|--|-------------------------------------|
| 16 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S) | SUPPORT THE CAN    | INTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES<br>DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOU<br>DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFO<br>URES. | T THE CANDIDATE'S OR OFFICEHOLDER'S |
|   | COMMITTEE TYPE     | COMMITTEE NAME   |                                     |
|   | SPECIFIC           | COMMITTEE ADDRESS  |                                     |
| Additional Pages                            |                    | COMMITTEE CAMPAIGN TREASURER NAME  |                                     |
|   |                    | COMMITTEE CAMPAIGN TREASURER ADDRESS   |                                     |
| 17 CONTRIBUTION<br>TOTALS                   | PLEDG              | L<br>. UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br>ES, LOANS, OR GUARANTEES OF LOANS, OR<br>RIBUTIONS MADE ELECTRONICALLY)   | \$                                  |
|   | -                  | POLITICAL CONTRIBUTIONS<br>THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$24,178.90                         |
| EXPENDITURE<br>TOTALS                       | 3. TOTAL           | UNITEMIZED POLITICAL EXPENDITURE.  | \$                                  |
|   | 4. TOTAL           | POLITICAL EXPENDITURES   | <sup>\$</sup> \$13,880.23           |
| CONTRIBUTION<br>BALANCE                     |                    | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY<br>PORTING PERIOD  | Ś                                   |
| OUTSTANDING<br>LOAN TOTALS                  |                    | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD   | \$                                  |
| 18 AFFIDAVIT                                | 1                  |  | · ·                                 |
|   |                    | I swear, or affirm, under penalty of perjur<br>true and correct and includes all informat<br>under Title 15, Election Code.  | · · · · · · ·                       |
|   |                    | Noelitad Lug   |                                     |
|   |                    | Signature of Candidat  | e or Officeholder                   |
| AFFIX NOTARY STAM                           | IP/SEALABOVE       |  |                                     |
| Sworn to and subsc                          | ribed before me,   | by the said  | , this the                          |
| day of                                      | , 20,              | to certify which, witness 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  | FILER NAME   | 20 Filer ID (Ethics Co | ommiss | sion Filers)       |
|-----|--|------------------------|--------|--------------------|
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                   | 1                      |        | SUBTOTAL<br>AMOUNT |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            |                        | \$     | \$24,178.90        |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS              |                        | \$     |                    |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  |                        | \$     |                    |
| 4.  | SCHEDULE E: LOANS  |                        | \$     |                    |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO               | NTRIBUTIONS            | \$     | \$13,880.23        |
| 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<br>TO FILER | IONS RETURNED          | \$     |                    |
|     |  |                        |        |                    |

| MONE                                 | 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<br>9/25/2020                  | 5 Full name of contributor<br>Foster, Kevin Michael | out-of-state PA            | C (ID#:)  | <b>7</b> Amount of contribution (\$)  |
| 0,20,2020                            | 6 Contributor address;                              | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78751                           | \$100.00                              |
| 8 Principal occu<br>Professor        | Jupation / Job title (See Instructions)             |                            | 9 Employer (See Instruct<br>UT                        | tions)                                |
| Date                                 | Full name of contributor                            | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)           |
| 9/25/2020                            | Contributor address;                                | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78753                           | \$100.00                              |
| Principal occup<br>Executive         | pation / Job title (See Instructions)               |                            | Employer (See Instruc<br>Travis County                | tions)                                |
| Date                                 | Full name of contributor<br>Cooper, Jenna           | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)           |
| 9/25/2020                            | Contributor address;                                | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78745                           | \$20.00                               |
| Prin <u>cipa</u> l occu<br>Librarian | pation / Job title (See Instructions)               |                            | Employer (See Instruct<br>City of Austin              | tions)                                |
| Date                                 | Full name of contributor                            | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)           |
| 9/25/2020                            | Boehle, Bryna<br>Contributor address;               | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78748                           | \$20.00                               |
| Principal occu<br>Stay at ho         | pation / Job title (See Instructions)               |                            | Employer (See Instruct<br>Stay at home mo             | tions)<br>DM                          |
|                                      |   |                            |   |                                       |
|                                      | ATTACH ADDIT  |                            | OF THIS SCHEDULE AS N<br>ruction guide for additional |                                       |

| MONE                           | 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                         | 5 Full name of contributor<br>Smith, Virginia                 | out-of-state PA            | C (ID#:)  | 7 Amount of contribution (\$)         |
| 9/25/2020                      | <b>6</b> Contributor address;                                 | <sup>City;</sup><br>Austin | State; Zip Code                                       | \$50.00                               |
| 8 Principal occu<br>Retired    | pation / Job title (See Instructions)                         |                            | 9 Employer (See Instruct<br>Retired                   | tions)                                |
| Date                           | Full name of contributor                                      | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)           |
| 9/25/2020                      | Guajardo, Rose<br>Contributor address;                        | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78748                           | \$25.00                               |
| Principal occup<br>Communica   | Deation / Job title (See Instructions)                        |                            | Employer (See Instruct<br>State of Texas              | tions)                                |
| Date                           | Full name of contributor                                      | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)           |
| 9/25/2020                      | McQueeney, Crystal<br>Contributor address;                    | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78749                           | \$25.00                               |
| Principal occur<br>Stay at hon | pation / Job title (See Instructions)                         |                            | Employer (See Instruct<br>Stay at home m              |                                       |
| Date                           | Full name of contributor                                      | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)           |
| 9/25/2020                      | McDaniel, Amber<br>Contributor address;                       | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78723                           | \$26.63                               |
| Principal occur<br>Director o  | pation / Job title (See Instructions)<br>of Special Education |                            | Employer (See Instruct<br>KIPP Texas Publ             | tions)<br>lic Schools                 |
|                                |   |                            |   |                                       |
|                                | ATTACH ADDIT<br>If contributor is out-of-state PAC            |                            | OF THIS SCHEDULE AS N<br>ruction guide for additional |                                       |

| 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   |  |                            |   | <b>3</b> Filer ID (Ethics Commission Filers) |
| 4 Date   | 5 Full name of contributor                       | out-of-state PA            | C (ID#:)                                    | 7 Amount of contribution (\$)                |
| 9/25/2020  | <b>6</b> Contributor address;                    | <sup>City;</sup><br>Austin | State; Zip Code<br>TX 78741                 | \$200.00                                     |
| 8 Principal occu<br>Professor  | pation / Job title (See Instructions)            |                            | 9 Employer (See Instruct<br>UT              | tions)                                       |
| Date   | Full name of contributor<br>Garaña, Kristine     | out-of-state PA            | C (ID#:)                                    | Amount of contribution (\$)                  |
| 9/25/2020  | Contributor address;                             | <sup>City;</sup><br>Austin | State; Zip Code<br>TX 78702                 | \$52.95                                      |
| Principal occup<br>Stay at hom   | pation / Job title (See Instructions)            |                            | Employer (See Instruct<br>Stay at home more |  |
| Date   | Full name of contributor                         | out-of-state PA            | C (ID#:)                                    | Amount of contribution (\$)                  |
| 9/25/2020  | Townsend, Stacey<br>Contributor address;         | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78745                 | \$2,000.00                                   |
| Principal occur<br>Business  | Deation / Job title (See Instructions)           |                            | Employer (See Instruc<br>RLSD               | tions)                                       |
| Date   | Full name of contributor<br>Wilson-Barrera, Cory | out-of-state PA            | C (ID#:)                                    | Amount of contribution (\$)                  |
| 9/25/2020  | Contributor address;                             | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78745                 | \$25.00                                      |
| Principal occup<br>Homemal   | Dation / Job title (See Instructions)            |                            | Employer (See Instruct<br>Homemaker         | tions)                                       |
|  |  |                            |   |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |                            |   |  |

| The                          | e Instruction Guide explains ho                 | w to complete th           | is form.                                | 1 Total pages Schedule A1:                   |
|------------------------------|---|----------------------------|---|--|
| 2 FILER NAME                 | :<br>:  |                            |   | <b>3</b> Filer ID (Ethics Commission Filers) |
| 4 Date                       | 5 Full name of contributor                      | out-of-state P             | AC (ID#:)                               | 7 Amount of contribution (\$)                |
| 9/25/2020                    | Bullard, Rebecca<br>6 Contributor address;      | City;                      | State; Zip Code                         | \$40.00                                      |
|                              |   | Austin                     | TX 78704                                |  |
| 8 Principal occi<br>Communic | upation / Job title (See Instructions<br>ations | ;)                         | 9 Employer (See Instruc<br>Rouser       | tions)                                       |
| Date                         | Full name of contributor                        | out-of-state P             | AC (ID#:)                               | Amount of contribution (\$)                  |
|                              | Sullivan, Maury                                 |                            |   |  |
| 9/25/2020                    | Contributor address;                            | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78751             | \$100.00                                     |
| Principal occu<br>Consultar  | pation / Job title (See Instructions)           |                            | Employer (See Instruct<br>Sel fEmployed | tions)                                       |
| Date                         | Full name of contributor                        | out-of-state P             | AC (ID#:)                               | Amount of contribution (\$)                  |
| 0/05/0000                    | Reed, Carolynn                                  |                            |   |  |
| 9/25/2020                    | Contributor address;                            | <sup>City;</sup><br>Austin | State; Zip Code<br>TX 78702             | \$50.00                                      |
| Professor                    | pation / Job title (See Instructions)           | )                          | Employer (See Instruc<br>UT             | tions)                                       |
| Date                         | Full name of contributor                        | out-of-state P             | AC (ID#:)                               | Amount of contribution (\$)                  |
|                              | Donisi, John                                    |                            |   | <b>•</b>                                     |
| 9/25/2020                    | Contributor address;                            | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78703             | \$526.63                                     |
| Principal occu               | pation / Job title (See Instructions)           | )                          | Employer (See Instruc                   | tions)                                       |
|                              |   |                            |   |  |
|                              |   |                            |   |  |
|                              |   |                            |   |  |
|                              |   |                            |   |  |
|                              |   |                            |   |  |

|                                     |   |                                       |  | 1 Tatal same Oshadula Ad      |
|-------------------------------------|---|---------------------------------------|--|-------------------------------|
| The                                 | e Instruction Guide explains how                          | 1 Total pages Schedule A1:            |  |                               |
| 2 FILER NAME                        | 1   | 3 Filer ID (Ethics Commission Filers) |  |                               |
| 4 Date<br>9/25/2020                 | 5 Full name of contributor<br>Nelson, Robin               | out-of-state PA                       | .C (ID#:)                                    | 7 Amount of contribution (\$) |
| 9/23/2020                           | 6 Contributor address;                                    | <sup>City;</sup><br>Austin            | State; Zip Code<br>TX 78748                  | \$18.00                       |
| B Principal occi                    | upation / Job title (See Instructions)<br>Assistant       |                                       | 9 Employer (See Instru<br>Office of the Atte |                               |
| Date                                | Full name of contributor<br>Sands, Allison                | out-of-state PA                       | NC (ID#:)                                    | Amount of contribution (\$)   |
| 9/25/2020                           | Contributor address;                                      | <sub>City;</sub><br>Austin            | State; Zip Code<br>TX 78748                  | \$50.00                       |
|                                     | pation / Job title (See Instructions)<br>Assistant        |                                       | Employer (See Instru<br>AISD                 | ctions)                       |
| Date                                | Full name of contributor                                  | out-of-state PA                       | \C (ID#:)                                    | Amount of contribution (\$)   |
| 9/26/2020                           | Little, Alison<br>Contributor address;                    | <sub>City;</sub><br>Austin            | State; Zip Code<br>TX 78757                  | \$50.00                       |
| P <u>rincip</u> al occu<br>Data Ana | <br>pation / Job title (See Instructions)<br>  <b>ySt</b> |                                       | Employer (See Instru<br>State                | ctions)                       |
| Date                                | Full name of contributor                                  | out-of-state PA                       | AC (ID#:)                                    | Amount of contribution (\$)   |
| 9/26/2020                           | Contributor address;                                      | <sub>City;</sub><br>Austin            | State; Zip Code<br>TX 78748                  | \$50.00                       |
| Principal occu<br>Song write        | pation / Job title (See Instructions)<br>, SINGER         |                                       | Employer (See Instru<br>AC Productions       | ctions)                       |
|                                     |   |                                       |  |                               |

| MONE                         | TARY POLITICAL   | CONTR                      | IBUTIONS  | SCHEDULE A1                           |
|------------------------------|--|----------------------------|---|---------------------------------------|
| The                          | Instruction Guide explains how                                   | 1 Total pages Schedule A1: |   |                                       |
| 2 FILER NAME                 |  |                            |   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                       | 5 Full name of contributor<br>Cavazos, Elaine                    | out-of-state PA            | C (ID#:)  | 7 Amount of contribution (\$)         |
| 9/26/2020                    | 6 Contributor address;   | City;                      | State; Zip Code                                       | \$105.58                              |
| 8 Principal occu             | pation / Job title (See Instructions)                            | Austin                     | TX 78733<br>9 Employer (See Instruc                   | ctions)                               |
| Date                         | Full name of contributor<br>Nowicki, Liz                         | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)           |
| 9/26/2020                    | Contributor address;   | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78749                           | \$25.00                               |
| Principal occup<br>Social Wo | pation / Job title (See Instructions)<br>Drker                   |                            | Employer (See Instructure UT                          | tions)                                |
| Date                         | Full name of contributor   | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)           |
| 9/26/2020                    | Wilson, Jessica<br>Contributor address;                          | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78702                           | \$50.00                               |
| Principal occu<br>Manager    | pation / Job title (See Instructions)                            |                            | Employer (See Instruc<br>City of Austin               | tions)                                |
| Date                         | Full name of contributor   | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)           |
| 9/26/2020                    | Snee, Jody<br>Contributor address;                               | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78702                           | \$105.58                              |
| Principal occu<br>Mental Hea | pation / Job title (See Instructions)<br>alth Program Specialist |                            | Employer (See Instruct<br>Texas DFPS Pre              | evention & Early Intervention         |
|                              |  |                            |   |                                       |
|                              | ATTACH ADDIT<br>If contributor is out-of-state PAC               |                            | OF THIS SCHEDULE AS I<br>ruction guide for additional |                                       |

| MONE                         | TARY POLITICAL  | CONTR                      | IBUTIONS  | SCHEDULE A1                                  |
|------------------------------|---|----------------------------|---|--|
| The                          | Instruction Guide explains how                            | to complete this           | s form.   | 1 Total pages Schedule A1:                   |
| 2 FILER NAME                 |   |                            |   | <b>3</b> Filer ID (Ethics Commission Filers) |
| 4 Date                       | 5 Full name of contributor                                | out-of-state PA            | C (ID#:)  | 7 Amount of contribution (\$)                |
| 9/26/2020                    | <b>Knudsen, Jennifer</b><br><b>6</b> Contributor address; | City;                      | State; Zip Code                                       | \$5.00                                       |
|                              |   | Austin                     | TX 78723  |  |
| 8 Principal occu<br>Educator | pation / Job title (See Instructions)                     |                            | 9 Employer (See Instruct<br>Terc                      | ctions)                                      |
| Date                         | Full name of contributor<br>Andre, Beth                   | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)                  |
| 9/26/2020                    | Contributor address;                                      | City;                      | State; Zip Code                                       | \$20.00                                      |
| Principal occup              | pation / Job title (See Instructions)                     |                            | Employer (See Instruc                                 | tions)                                       |
| Date                         | Full name of contributor<br>Gupton, Kevin                 | out-of-state PA            | C (ID#:)  | Amount of contribution (\$) \$50.00          |
| 9/26/2020                    | Contributor address;                                      | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78756                           |  |
| Principal occur<br>Recruiter | pation / Job title (See Instructions)                     |                            | Employer (See Instruction Google                      | <br>ctions)                                  |
| Date                         | Full name of contributor                                  | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)                  |
| 9/26/2020                    | Riegel, Daniel<br>Contributor address;                    | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78704                           | \$20.00                                      |
| Principal occup<br>Attorney  | pation / Job title (See Instructions)                     |                            | Employer (See Instruct<br>Richards Rodrigu            | uez & Skeith LLP                             |
|                              |   |                            | ·   |  |
|                              | ATTACH ADDIT<br>If contributor is out-of-state PAC        |                            | OF THIS SCHEDULE AS N<br>ruction guide for additional |  |

| MONE                               | 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                             | 5 Full name of contributor                         | out-of-state PA            | C (ID#:)  | 7 Amount of contribution (\$)         |
| 9/27/2020                          | <b>6</b> Contributor address;                      | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78735                           | \$30.00                               |
| 8 Principal occu<br>Teacher        | pation / Job title (See Instructions)              |                            | 9 Employer (See Instruct<br>AISD                      | ttions)                               |
| Date                               | Full name of contributor<br>Abdullah-Levy, Anitra  | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)           |
| 9/27/2020                          | Contributor address;                               | <sub>City;</sub><br>Austin | State; Zip Code<br>TX                                 | \$105.58                              |
| Principal occup<br>Staff Attor     | bation / Job title (See Instructions)              |                            | Employer (See Instruc<br>Texas State Boa              | ard of Dental Examiners               |
| Date                               | Full name of contributor                           | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)           |
| 9/27/2020                          | Marino, Albert<br>Contributor address;             | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78745                           | \$50.00                               |
| P <u>iincipa</u> l occup<br>Teacer | pation / Job title (See Instructions)              |                            | Employer (See Instruct<br>AISD                        | tions)                                |
| Date                               | Full name of contributor                           | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)           |
| 9/27/2020                          | Contributor address;                               | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78722                           | \$100.00                              |
| Principal occup<br>Public Hea      | pation / Job title (See Instructions)              |                            | Employer (See Instruc<br>TXDSHS                       | tions)                                |
|                                    |  |                            |   |                                       |
|                                    | ATTACH ADDIT<br>If contributor is out-of-state PAC |                            | OF THIS SCHEDULE AS I<br>ruction guide for additional |                                       |

| MONE  | TARY POLITICAL                                      | CONTR   | IBUTIONS  | SCHEDULE A1                           |
|---|---|---|---|---------------------------------------|
| The   | e 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  | 5 Full name of contributor                          | out-of-state PA                                   | .C (ID#:)   | 7 Amount of contribution (\$)         |
| 9/27/2020   | Rocha, Melissa<br>6 Contributor address;            | <sub>City;</sub><br>Austin                        | State; Zip Code<br>TX 78748                           | \$10.84                               |
| 8 Principal occ   | upation / Job title (See Instructions)              |   | 9 Employer (See Instruc                               | l<br>xtions)                          |
| Date  | Full name of contributor                            | out-of-state PA                                   | LC (ID#:)   | Amount of contribution (\$)           |
| 9/27/2020   | Bope, Flannery<br>Contributor address;              | <sub>City;</sub><br>Austin                        | State; Zip Code<br>TX 78758                           | \$20.00                               |
| Principal occupation / Job title (See Instructions)<br>Senior Digital Marketing Manager |   | Employer (See Instructions)<br>Concierge Auctions |   |                                       |
| Date  | Full name of contributor                            | out-of-state PA                                   | .C (ID#:)   | Amount of contribution (\$)           |
| 9/27/2020   | Slater, Keri<br>Contributor address;                | <sub>City;</sub><br>Austin                        | State; Zip Code<br>TX 78702                           | \$20.00                               |
| P <u>iincipa</u> l occu<br>Project Ma   | Ipation / Job title (See Instructions)              |   | Employer (See Instruction Iron Mountain               | l<br>xtions)                          |
| Date  | Full name of contributor<br>Masey, Chris            | out-of-state PA                                   | AC (ID#:)   | Amount of contribution (\$)           |
| 9/27/2020   | Contributor address;                                | <sub>City;</sub><br>Austin                        | State; Zip Code<br>TX 78745                           | \$30.00                               |
| Principal occu<br>Nonprofit   | upation / Job title (See Instructions)<br>EXECUTIVE |   | Employer (See Instruct<br>Autism Society of           | tions)<br>Texas                       |
|   |   |   |   |                                       |
|   | ATTACH ADDIT<br>If contributor is out-of-state PAC  |   | OF THIS SCHEDULE AS N<br>ruction guide for additional |                                       |

| MONE                         | TARY POLITICAL                                     | CONTR                      | IBUTIONS  | SCHEDULE A1                           |
|------------------------------|--|----------------------------|---|---------------------------------------|
| The                          | e Instruction Guide explains how                   | to complete th             | s form.   | 1 Total pages Schedule A1:            |
| 2 FILER NAME                 |  |                            |   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                       | 5 Full name of contributor<br>Baker, Chris         | out-of-state PA            | AC (ID#:)   | 7 Amount of contribution (\$)         |
| 9/27/2020                    | 6 Contributor address;                             | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78721                           | \$100.00                              |
| 8 Principal occu<br>Software | upation / Job title (See Instructions)<br>Engineer |                            | 9 Employer (See Instruct<br>Playstudios               | ctions)                               |
| Date                         | Full name of contributor<br>Guevara, Maya          | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)           |
| 9/27/2020                    | Contributor address;                               | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78723                           | \$25.00                               |
| Principal occu<br>Farmer     | pation / Job title (See Instructions)              |                            | Employer (See Instruct<br>Student                     | ctions)                               |
| Date                         | Full name of contributor                           | out-of-state PA            | \C (ID#:)   | Amount of contribution (\$)           |
| 9/27/2020                    | Carroll, Christy<br>Contributor address;           | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78704                           | \$20.00                               |
| Principal occu<br>Designer   | pation / Job title (See Instructions)              |                            | Employer (See Instruct<br>Funsize                     |                                       |
| Date                         | Full name of contributor<br>Schulze, Sarah         | out-of-state PA            | \C (ID#:)   | Amount of contribution (\$)           |
| 9/27/2020                    | Contributor address;                               | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78724                           | \$30.00                               |
| Principal occu<br>Director   | pation / Job title (See Instructions)              |                            | Employer (See Instruct<br>RightRound                  | <br>ctions)                           |
|                              |  |                            |   |                                       |
|                              | ATTACH ADDIT<br>If contributor is out-of-state PAC |                            | OF THIS SCHEDULE AS I<br>ruction guide for additional |                                       |

| MONE                          | TARY POLITICAL                                     | CONTR                      | IBUTIONS  | SCHEDULE A1                                  |
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| The                           | Instruction Guide explains how                     | to complete thi            | s form.   | 1 Total pages Schedule A1:                   |
| 2 FILER NAME                  |  |                            |   | <b>3</b> Filer ID (Ethics Commission Filers) |
| 4 Date                        | 5 Full name of contributor<br>Casagranda, Roy      | out-of-state PA            | .C (ID#:)   | 7 Amount of contribution (\$)                |
| 9/27/2020                     | 6 Contributor address;                             | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78748                           | \$100.00                                     |
| 8 Principal occu<br>Professor | pation / Job title (See Instructions)              |                            | 9 Employer (See Instruct<br>ACC                       | ctions)                                      |
| Date                          | Full name of contributor                           | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)                  |
| 9/28/2020                     | Griffin, Jillian<br>Contributor address;           | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78721                           | \$50.00                                      |
| Principal occu                | Dation / Job title (See Instructions)              |                            | Employer (See Instruct<br>TAHI PLLC                   | tions)                                       |
| Date                          | Full name of contributor                           | out-of-state PA            | .C (ID#:)   | Amount of contribution (\$)                  |
| 9/28/2020                     | Dennis, Shannon<br>Contributor address;            | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78702                           | \$100.00                                     |
| Principal occu<br>Social Wo   | pation / Job title (See Instructions)              |                            | Employer (See Instruct<br>Self Employed               | ttions)                                      |
| Date                          | Full name of contributor<br>Brooks, Hayden         | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)                  |
| 9/28/2020                     | Contributor address;                               | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78746                           | \$250.00                                     |
| Principal occu<br>Investor    | pation / Job title (See Instructions)              |                            | Employer (See Instruct<br>Self Employed               | ttions)                                      |
|                               |  |                            |   |  |
|                               | ATTACH ADDIT<br>If contributor is out-of-state PAC |                            | OF THIS SCHEDULE AS I<br>ruction guide for additional |  |

| 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<br>Friedman, Katie    | out-of-state P/                       | AC (ID#:)                                 | 7 Amount of contribution (\$) |
| 9/28/2020                          | 6 Contributor address;                           | <sub>City;</sub><br>Austin            | State; Zip Code<br>TX 78735               | \$42.42                       |
| 8 Principal occu                   | upation / Job title (See Instructions)           |                                       | 9 Employer (See Instruc                   | ctions)                       |
| Date                               | Full name of contributor                         | out-of-state P/                       | AC (ID#:)                                 | Amount of contribution (\$)   |
| 9/28/2020                          | Townsend, Judy<br>Contributor address;           | <sub>City;</sub><br>Austin            | State; Zip Code<br>TX 78723               | \$50.00                       |
| Principal occu<br>Sales Analy      | pation / Job title (See Instructions) /St        |                                       | Employer (See Instruct<br>Cirrus Logic    | tions)                        |
| Date                               | Full name of contributor<br>Burke, Cecelia       | out-of-state P/                       | AC (ID#:)                                 | Amount of contribution (\$)   |
| 9/28/2020                          | Contributor address;                             | <sub>City;</sub><br>Austin            | State; Zip Code<br>TX 78731               | \$500.00                      |
| P <u>iincip</u> al occu<br>Retired | pation / Job title (See Instructions)            |                                       | Employer (See Instrue<br>Retired          | ctions)                       |
| Date                               | Full name of contributor<br>Duerson, Michael     | out-of-state P/                       | AC (ID#:)                                 | Amount of contribution (\$)   |
| 9/28/2020                          | Contributor address;                             | City;                                 | State; Zip Code                           | \$37.00                       |
| Principal occu<br>Payroll Spe      | pation / Job title (See Instructions)<br>cialist |                                       | Employer (See Instru-<br>G & A Partners I |                               |
|                                    |  |                                       |   |                               |
|                                    |  |                                       |   |                               |
|                                    |  |                                       |   |                               |

| MONE                         | TARY POLITICAL                                     | CONTR                      | IBUTIONS  | SCHEDULE A1                           |
|------------------------------|--|----------------------------|---|---------------------------------------|
| The                          | Instruction Guide explains how                     | 1 Total pages Schedule A1: |   |                                       |
| 2 FILER NAME                 |  |                            |   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                       | 5 Full name of contributor<br>Riegel, Daniel       | out-of-state PA            | C (ID#:)  | 7 Amount of contribution (\$)         |
| 9/28/2020                    | 6 Contributor address;                             | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78704                           | \$30.00                               |
| 8 Principal occu<br>Attorney | pation / Job title (See Instructions)              |                            | 9 Employer (See Instruct<br>Richards Rodrig           | Juez & Skeith LLP                     |
| Date 9/28/2020               | Full name of contributor<br>Terronez, Margaret     | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)           |
| 3/20/2020                    | Contributor address;                               | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78748                           | \$20.00                               |
| Principal occup<br>Court Adm | bation / Job title (See Instructions)              |                            | Employer (See Instruct<br>Travis County               | itions)                               |
| Date<br>9/28/2020            | Full name of contributor<br>Nelson, Robin          | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)           |
|                              | Contributor address;                               | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78748                           | \$20.00                               |
| Principal occu<br>Executive  | pation / Job title (See Instructions)<br>Assistant |                            | Employer (See Instruct<br>Office of the Atte          |                                       |
| Date                         | Full name of contributor<br>Janes, Sara            | out-of-state PA            | C (ID#:)  | Amount of contribution (\$)           |
| 9/28/2020                    | Contributor address;                               | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78722                           | \$50.00                               |
| Principal occu<br>Lawyer     | pation / Job title (See Instructions)              |                            | Employer (See Instruction WSH LLP                     | tions)                                |
|                              |  |                            |   |                                       |
|                              | ATTACH ADDIT<br>If contributor is out-of-state PAC |                            | OF THIS SCHEDULE AS N<br>ruction guide for additional |                                       |

| MONE                              | TARY POLITICAL   | CONTR                          | IBUTIONS  | SCHEDULE A1                           |
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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                            | 5 Full name of contributor                                   | out-of-state PA                | C (ID#:)  | 7 Amount of contribution (\$)         |
| 9/28/2020                         | <b>Drish, Allison</b><br><b>6</b> Contributor address;       | <sub>City;</sub><br>Austin     | State; Zip Code<br>TX 78749                           | \$20.00                               |
| 8 Principal occu<br>Director      | pation / Job title (See Instructions)                        |                                | 9 Employer (See Instruct<br>Board of Law Ex           |                                       |
| Date                              | Full name of contributor                                     | out-of-state PA                | C (ID#:)  | Amount of contribution (\$)           |
| 9/28/2020                         | Hayes, Michael<br><sup>Contributor</sup> address;<br>Colorae | <sub>City;</sub><br>do Springs | State; Zip Code                                       | \$50.00                               |
| Principal occup<br>Administrat    | oation / Job title (See Instructions)<br>OI                  |                                | Employer (See Instruct<br>Federal gov                 | ctions)                               |
| Date                              | Full name of contributor                                     | out-of-state PA                | C (ID#:)  | Amount of contribution (\$)           |
| 9/28/2020                         | Woodroffe, Teresa<br>Contributor address;                    | <sub>City;</sub><br>Austin     | State; Zip Code<br>TX 78702                           | \$52.95                               |
| Prin <u>cipa</u> l occu<br>Writer | Dation / Job title (See Instructions)                        |                                | Employer (See Instruct<br>Self Employed               | tions)                                |
| Date                              | Full name of contributor<br>Richard-Crow, Iumi               | out-of-state PA                | C (ID#:)  | Amount of contribution (\$)           |
| 9/28/2020                         | Contributor address;   | <sub>City;</sub><br>Austin     | State; Zip Code<br>TX 78722                           | \$50.00                               |
| Principal occu<br>Artist          | Dation / Job title (See Instructions)                        |                                | Employer (See Instruct<br>Self Employed               | tions)                                |
|                                   |  |                                |   |                                       |
|                                   | ATTACH ADDIT<br>If contributor is out-of-state PAC           |                                | OF THIS SCHEDULE AS I<br>ruction guide for additional |                                       |

| MONE                                  | TARY POLITICAL  | CONTR                                | IBUTIONS  | SCHEDULE A1                              |
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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<br>9/28/2020                   | <ul> <li>5 Full name of contributor</li> <li>Harrington, James</li> <li>6 Contributor address;</li> </ul> | □ out-of-state PA<br>City;<br>Austin | C (ID#:)<br>State; Zip Code<br>TX 78723               | 7 Amount of contribution (\$)<br>\$50.00 |
| 8 Principal occu<br>Retired           | apation / Job title (See Instructions)  | Austin                               | 9 Employer (See Instruct<br>Retired                   | ctions)                                  |
| Date<br>9/28/2020                     | Full name of contributor<br>King, David<br>Contributor address;   | City:<br>Austin                      | State; Zip Code<br>TX 78704                           | Amount of contribution (\$)              |
| Principal occup<br>Retired            | pation / Job title (See Instructions)   |                                      | Employer (See Instruct<br>Retired                     | tions)                                   |
| Date<br>9/28/2020                     | Full name of contributor<br>Spigarelli, Rudie<br>Contributor address;                                     | City;                                | C (ID#:)<br>State; Zip Code<br>TX 78749               | Amount of contribution (\$)              |
| Prin <u>cip</u> al occup<br><b>PT</b> | pation / Job title (See Instructions)   |                                      | Employer (See Instruct<br>Self Employed               | ctions)                                  |
| Date<br>9/28/2020                     | Full name of contributor<br>Simpson, Chris<br>Contributor address;  | City;                                | State; Zip Code<br>TX 78702                           | Amount of contribution (\$)              |
| Principal occu<br>Musician            | pation / Job title (See Instructions)   |                                      | Employer (See Instruct<br>Self Employed               | tions)                                   |
|                                       |   |                                      |   |  |
|                                       | ATTACH ADDIT<br>If contributor is out-of-state PAC  |                                      | OF THIS SCHEDULE AS N<br>ruction guide for additional |  |

| MONE                                | TARY POLITICAL  | CONTR                                | IBUTIONS  | SCHEDULE A1                               |
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| The                                 | Instruction Guide explains how  | to complete this                     | s form.   | 1 Total pages Schedule A1:                |
| 2 FILER NAME                        | 2 FILER NAME  |                                      |   | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date<br>9/29/2020                 | <ul> <li>5 Full name of contributor</li> <li>Felix, Lionel</li> <li>6 Contributor address;</li> </ul> | City;                                | C (ID#:)  | 7 Amount of contribution (\$)<br>\$250.00 |
| 0,20,2020                           |   | Austin                               | TX 78731  |   |
| 8 Principal occu                    | pation / Job title (See Instructions)   |                                      | 9 Employer (See Instruct<br>Felix Media Solut         |   |
| Date<br>9/29/2020                   | Full name of contributor<br>Garza, Kim<br>Contributor address;  | □ out-of-state PA<br>City;<br>Austin | C (ID#:)<br>State; Zip Code<br>TX 78752               | Amount of contribution (\$)               |
| Principal occu<br>Professor         | pation / Job title (See Instructions)   |                                      | Employer (See Instruct<br>St. Edward's Univ           |   |
| Date<br>9/29/2020                   | Full name of contributor<br>Maddux, Kenley<br>Contributor address;                                    | □ out-of-state PA<br>City;<br>Austin | C (ID#:)<br>State; Zip Code<br><b>TX 78756</b>        | Amount of contribution (\$)               |
| P <u>rincipa</u> l occu<br>Attorney | pation / Job title (See Instructions)   |                                      | Employer (See Instruct<br>State of Texas              | l<br>xtions)                              |
| Date<br>9/29/2020                   | Full name of contributor<br><b>Rios, Janice</b><br>Contributor address;                               | □ out-of-state PA<br>City;<br>Austin | c (ID#:)<br>State; Zip Code<br>TX 78754               | Amount of contribution (\$)               |
| Principal occu<br>Project Ma        | pation / Job title (See Instructions)<br>anager   |                                      | Employer (See Instruct<br>Randolph Air For            | <sup>tions)</sup><br>ce Base              |
|                                     |   |                                      |   |   |
|                                     | ATTACH ADDIT<br>If contributor is out-of-state PAC  |                                      | OF THIS SCHEDULE AS N<br>ruction guide for additional |   |

| MONE                                | TARY POLITICAL  | CONTR                                | IBUTIONS  | SCHEDULE A1                               |
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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                              | 5 Full name of contributor<br>Tilton, Carmen                        | out-of-state PA                      | C (ID#:)  | 7 Amount of contribution (\$)<br>\$263.47 |
| 9/29/2020                           | 6 Contributor address;  | <sub>City;</sub><br>Austin           | State; Zip Code<br>TX 78722                           |   |
| 8 Principal occu                    | upation / Job title (See Instructions)                              |                                      | 9 Employer (See Instruc                               | tions)                                    |
| Date                                | Full name of contributor<br>McKiernan-Gonzalez,                     |                                      | C (ID#:)  | Amount of contribution (\$)               |
| 9/29/2020                           | Contributor address;  | <sub>City;</sub><br>Austin           | State; Zip Code<br>TX 78741                           | \$20.00                                   |
| Principal occu<br><b>Teacher</b>    | pation / Job title (See Instructions)                               |                                      | Employer (See Instruc<br>Texas State Univ             |   |
| Date<br>9/29/2020                   | Full name of contributor<br>Rodriguez, Marc<br>Contributor address; | □ out-of-state PA<br>City;<br>Austin | C (ID#:)<br>State; Zip Code<br><b>TX 78701</b>        | Amount of contribution (\$)               |
| P <u>rincipa</u> l occu<br>Lobbyist | pation / Job title (See Instructions)                               |                                      | Employer (See Instruct<br>Self Employed               | tions)                                    |
| Date<br>9/29/2020                   | Full name of contributor<br>Beavers, Jamie                          | out-of-state PA                      | C (ID#:)  | Amount of contribution (\$)               |
|                                     | Contributor address;  | <sub>City;</sub><br>Lorena           | State; Zip Code<br>TX 76655                           | \$75.00                                   |
| Principal occu<br>Teacher           | pation / Job title (See Instructions)                               |                                      | Employer (See Instruct<br>MISD                        | tions)                                    |
|                                     |   |                                      |   |   |
|                                     | ATTACH ADDIT<br>If contributor is out-of-state PAC                  |                                      | OF THIS SCHEDULE AS N<br>ruction guide for additional |   |

|                                |  |                            |  | SCHEDULE A1                           |
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| The                            | e 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<br>9/29/2020            | <ul> <li>5 Full name of contributor<br/>Mitchell, Jessica</li> <li>6 Contributor address;</li> </ul> | City;<br>Austin            | State; Zip Code<br>TX                    | 7 Amount of contribution (\$)         |
| 8 Principal occi               | upation / Job title (See Instructions)   |                            | 9 Employer (See Instruc                  | cuons)                                |
| Date<br>9/29/2020              | Full name of contributor<br>Chanpheng, Jiraporn<br>Contributor address;                              | City;<br>Austin            | AC (ID#:)<br>State; Zip Code<br>TX 78736 | Amount of contribution (\$)           |
| Principal occu<br>Homemak      | pation / Job title (See Instructions)  |                            | Employer (See Instruct<br>Homemaker      | ctions)                               |
| Date<br>9/30/2020              | Full name of contributor<br>LiUNA<br>Contributor address;  | ☐ out-of-state PA          | AC (ID#:) State; Zip Code                | Amount of contribution (\$)           |
| P <b>rin<u>cip</u>a</b> l occu | pation / Job title (See Instructions)  |                            | Employer (See Instruc                    | ctions)                               |
| Date<br>9/30/2020              | Full name of contributor<br>Heidi Gibbons<br>Contributor address;                                    | ☐ out-of-state P/<br>City; | AC (ID#:)                                | Amount of contribution (\$)           |
| Principal occu                 | pation / Job title (See Instructions)  |                            | Employer (See Instruc                    | ctions)                               |
|                                |  |                            |  |                                       |

| MONE  | TARY POLITICAL   | CONTRI                                | BUTIONS  | SCHEDULE A1                                  |
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| The   | Instruction Guide explains how   | to complete this                      | s form.  | 1 Total pages Schedule A1:                   |
| 2 FILER NAME  |  |                                       |  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <ul> <li>4 Date</li> <li>9/30/2020</li> <li>8 Principal occu</li> </ul> | <ul> <li>5 Full name of contributor</li> <li>Howell, Sula</li> <li>6 Contributor address;</li> </ul> | □ out-of-state PAC<br>City;<br>Austin | C (ID#:)<br>State; Zip Code<br>TX 78756<br>9 Employer (See Instruc | 7 Amount of contribution (\$)<br>\$50.00     |
| Retired   |  |                                       | Retired  |  |
| Date<br>9/30/2020   | Full name of contributor<br>Ragsdale, Randi<br>Contributor address;                                  | City;<br>Austin                       | State; Zip Code<br>TX 78745  | Amount of contribution (\$)                  |
|   | pation / Job title (See Instructions)  |                                       | Employer (See Instruc<br>UT  | itions)                                      |
| Date<br>9/30/2020   | Full name of contributor<br><b>Titcombe, Donald</b><br>Contributor address;                          | City;                                 | C (ID#:)<br>State; Zip Code<br>TX 77025                            | Amount of contribution (\$)                  |
|   | pation / Job title (See Instructions) ogram Manager  |                                       | Employer (See Instruc<br>Rockwell Fund,                            |  |
| Date<br>9/30/2020   | Full name of contributor<br>Goble, Elizabeth<br>Contributor address;                                 | □ out-of-state PAC<br>City;<br>Austin | C (ID#:)<br>State; Zip Code<br>TX 78748                            | Amount of contribution (\$)                  |
| Principal occu<br>Retired   | pation / Job title (See Instructions)  |                                       | Employer (See Instruct<br>Retired                                  | l<br>xtions)                                 |
|   | ATTACH ADDIT<br>If contributor is out-of-state PAC   |                                       | OF THIS SCHEDULE AS Nuction quide for additional                   |  |

| MONE                              | TARY POLITICAL                                  | CONTRI                     | 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<br>Moffat, Susan     | out-of-state PAC           | C (ID#:)   | 7 Amount of contribution (\$)<br>\$100.00 |
| 10/1/2020                         | <b>6</b> Contributor address;                   | <sup>City;</sup><br>Austin | State; Zip Code<br>TX 78751                          | \$100.00                                  |
| 8 Principal occu<br>Editor        | pation / Job title (See Instructions)           |                            | 9 Employer (See Instruct<br>Self Employed            |   |
| Date                              | Full name of contributor<br>Salazar, Rita       | out-of-state PAC           | C (ID#:)   | Amount of contribution (\$)               |
| 10/1/2020                         | Contributor address;                            | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78745                          | \$50.00                                   |
| Principal occup<br><b>Retire</b>  | bation / Job title (See Instructions)           |                            | Employer (See Instruct<br>Retired                    | ztions)                                   |
| Date<br>10/1/2020                 | Full name of contributor<br>Sease, James        | out-of-state PAC           | C (ID#:)   | Amount of contribution (\$)               |
| 10, 1/2020                        | Contributor address;                            | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78731                          | \$50.00                                   |
| Prin <u>cip</u> al occur<br>Sales | pation / Job title (See Instructions)           |                            | Employer (See Instruct<br>Self Employed              | tions)                                    |
| Date<br>10/1/2020                 | Full name of contributor<br>Abbas Hall, Sheerin | out-of-state PAC           | C (ID#:)   | Amount of contribution (\$)               |
|                                   | Contributor address;                            | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78741                          |   |
| Principal occup<br>Therapist      | Dation / Job title (See Instructions)           |                            | Employer (See Instruction Sheerin Abbas              | Hall LCSW PLLC                            |
|                                   |   |                            |  |   |
|                                   | ATTACH ADDIT                                    |                            | OF THIS SCHEDULE AS I<br>uction guide for additional |   |

| MONE                          | TARY POLITICAL  | CONTR                      | IBUTIONS                                    | SCHEDULE A1                                   |
|-------------------------------|---|----------------------------|---|---|
| The                           | Instruction Guide explains how                                  | s form.                    | 1 Total pages Schedule A1:                  |   |
| 2 FILER NAME                  |   |                            |   | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date                        | 5 Full name of contributor                                      | out-of-state PA            | C (ID#:)                                    | 7 Amount of contribution (\$)                 |
| 10/1/2020                     | Abbas Hall, Sheerin<br>6 Contributor address;                   | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78741                 | \$20.00                                       |
| 8 Principal occu<br>Therapist | pation / Job title (See Instructions)                           |                            | 9 Employer (See Instruct<br>Sheerin Abbas H |   |
| Date                          | Full name of contributor  | out-of-state PAG           | C (ID#:)                                    | Amount of contribution (\$)                   |
| 10/1/2020                     | Daly-Lesch, Anne<br>Contributor address;                        | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78748                 | \$50.00                                       |
| Principal occup<br>Educator   | Dation / Job title (See Instructions)                           |                            | Employer (See Instruc                       | tions)  |
| Date                          | Full name of contributor  | out-of-state PAG           | C (ID#:)                                    | Amount of contribution (\$)                   |
| 10/1/2020                     | Christian, Elizabeth<br>Contributor address;                    | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78701                 | \$500.00                                      |
| Principal occur<br>Designer   | Dation / Job title (See Instructions)                           |                            | Employer (See Instruc<br>Self Employed      | tions)  |
| Date<br>10/1/2020             | Full name of contributor<br>Mason, Step<br>Contributor address; | ☐ out-of-state PAG         | C (ID#:)<br>                                | Amount of contribution (\$) <b>\$1,000.00</b> |
| Principal occup<br>Attorney   | pation / Job title (See Instructions)                           |                            | Employer (See Instruc<br>Dickinson Wright   |   |
|                               | ATTACH ADDIT  |                            | OF THIS SCHEDULE AS N                       |   |

| MONE  | TARY POLITICAL  | CONTR  | IBUTIONS  | SCHEDULE A1                               |
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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<br>10/2/2020   | <ul> <li>5 Full name of contributor</li> <li>Bryant, Cynthia</li> <li>6 Contributor address;</li> </ul> | out-of-state PAC (ID#:)      City; State; Zip Code     Austin TX 78705 |   | 7 Amount of contribution (\$)<br>\$250.00 |
| 8 Principal occu<br>Retired                                     | upation / Job title (See Instructions)  |  | 9 Employer (See Instruct<br>Retired                   | tions)                                    |
| Date<br>10/2/2020   | Full name of contributor<br>Enis, Jacob<br>Contributor address;   | City;<br>Austin  | C (ID#:)<br>State; Zip Code<br>TX 78745               | Amount of contribution (\$)               |
| -   | Principal occupation / Job title (See Instructions) Employer (See Instru<br>Pharmacist Texas Oncology   |  | Employer (See Instruct<br>Texas Oncology              | tions)                                    |
| Date<br>10/2/2020   | Full name of contributor<br><b>Tally, Rusty</b><br>Contributor address;                                 | City;<br>Austin  | State; Zip Code                                       | Amount of contribution (\$)               |
| P <u>rincipa</u> l occu<br>Wealth Ac                            | pation / Job title (See Instructions)   |  | Employer (See Instructure UBS                         | lxtions)                                  |
| Date<br>10/2/2020   | Full name of contributor<br>Hargis, Melissa<br>Contributor address;                                     | City;  | C (ID#:)<br>State; Zip Code<br>TX 78765               | Amount of contribution (\$)               |
| Principal occupation / Job title (See Instructions)<br>Attorney |   | Employer (See Instruct<br>Texas Attorney G                             |   |   |
|   | ATTACH ADDIT<br>If contributor is out-of-state PAC  |  | OF THIS SCHEDULE AS N<br>ruction guide for additional |   |

| MONE   | TARY POLITICAL  | CONTR                                    | IBUTIONS  | SCHEDULE A1                              |
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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<br>10/2/2020  | <ul> <li>5 Full name of contributor</li> <li>Wright, Rashida</li> <li>6 Contributor address;</li> </ul> | □ out-of-state PA<br>City;<br>Austin     | C (ID#:)<br>State; Zip Code<br>TX 78744               | 7 Amount of contribution (\$)<br>\$10.00 |
| 8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)         Business Owner       Vitamin B Cosem |   |  |   |  |
| Date<br>10/3/2020  | Full name of contributor<br>Beaty, Roberto<br>Contributor address;                                      | City;<br>Austin                          | C (ID#:)<br>State; Zip Code<br><b>TX 78736</b>        | Amount of contribution (\$)              |
|  |   | Employer (See Instruct<br>State of Texas | tions)  |  |
| Date<br>10/3/2020  | Full name of contributor<br>Hussaini, Muna<br>Contributor address;                                      | □ out-of-state PA<br>City;<br>Austin     | C (ID#:)<br>State; Zip Code<br>TX 78759               | Amount of contribution (\$)              |
| Principal occur<br>Executive   | pation / Job title (See Instructions)   |  | Employer (See Instruction Indeed                      | tions)                                   |
| Date<br>10/3/2020  | Full name of contributor<br>Seeboth, Natalie<br>Contributor address;                                    | □ out-of-state PA<br>City;<br>Austin     | C (ID#:)<br>State; Zip Code<br>TX                     | Amount of contribution (\$)              |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instruct<br>Paramount and  | stateside Theatres                                    |  |
|  |   |  |   |  |
|  | ATTACH ADDIT<br>If contributor is out-of-state PAC  |  | OF THIS SCHEDULE AS N<br>ruction guide for additional |  |

| MONE  | TARY POLITICAL   | CONTR                                   | IBUTIONS                                 | SCHEDULE A1                              |
|---|--|---|--|--|
| The   | Instruction Guide explains how   | 1 Total pages Schedule A1:              |  |  |
| 2 FILER NAME  |  |   |  | 3 Filer ID (Ethics Commission Filers)    |
| 4 Date<br>10/4/2020   | <ul> <li>5 Full name of contributor</li> <li>Ballard, James</li> <li>6 Contributor address;</li> </ul> | Out-of-state PAC (ID#:)                 |  | 7 Amount of contribution (\$)<br>\$50.00 |
| 8 Principal occu<br>Retired   | pation / Job title (See Instructions)  |   | 9 Employer (See Instruct<br>Retired      | intions)                                 |
| Date<br>10/4/2020   | Full name of contributor<br>Hamilton, Riley<br>Contributor address;                                    | City;<br>Austin                         | AC (ID#:)<br>State; Zip Code<br>TX 78739 | Amount of contribution (\$)              |
|   |  | Employer (See Instruc<br>City of Austin | tions)                                   |  |
| Date<br>10/4/2020   | Full name of contributor<br><b>Gray, Michael</b><br>Contributor address;                               | □ out-of-state P/<br>City;<br>Austin    | AC (ID#:)<br>State; Zip Code<br>TX 78723 | Amount of contribution (\$)              |
| P <u>rincipa</u> l occu<br>Director   | pation / Job title (See Instructions)  |   | Employer (See Instruct<br>State of Texas | l<br>xtions)                             |
| Date<br>10/5/2020   | Full name of contributor<br>Brauner, Sarah<br>Contributor address;                                     | □ out-of-state P/<br>City;<br>Austin    | AC (ID#:)<br>State; Zip Code<br>TX       | Amount of contribution (\$)              |
| Principal occupation / Job title (See Instructions)<br>Invoice Audit Supervisor |  | Employer (See Instruct<br>GSD&M         | rtions)                                  |  |
|   | ATTACH ADDIT<br>If contributor is out-of-state PAG   |   | OF THIS SCHEDULE AS N                    |  |

| MONE                                      | TARY POLITICAL   | CONTR                                 | BUTIONS   | SCHEDULE A1                              |
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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     10/5/2020     8 Principal occu | <ul> <li>5 Full name of contributor<br/>Garibay, Montserrat</li> <li>6 Contributor address;</li> <li>apation / Job title (See Instructions)</li> </ul> | □ out-of-state PAG<br>City;<br>Austin | C (ID#:)<br>State; Zip Code<br>TX 78758<br>9 Employer (See Instru | 7 Amount of contribution (\$)<br>\$50.00 |
|   | Treasurer  |                                       | Texas AFL-CIO   |  |
| Date<br>10/6/2020                         | Full name of contributor<br>Yeager, Laura<br>Contributor address;  | City;<br>Austin                       | C (ID#:)<br>State; Zip Code<br>TX 78705                           | Amount of contribution (\$)              |
| Principal occu<br>Consultant              | pation / Job title (See Instructions)  |                                       | Employer (See Instruct<br>Self Employed                           | ttions)                                  |
| Date<br>10/6/2020                         | Full name of contributor<br><b>Bizer, Elana</b><br>Contributor address;  | □ out-of-state PAG<br>City;<br>Austin | C (ID#:)<br>State; Zip Code<br>TX 78751                           | Amount of contribution (\$)              |
| Principal occu<br>Social Work             | pation / Job title (See Instructions)  |                                       | Employer (See Instruct<br>University of Tex                       | ctions)<br>(as                           |
| Date<br>10/7/2020                         | Full name of contributor<br>McGufficke, Megan<br>Contributor address;  | City;                                 | C (ID#:)<br>State; Zip Code<br>TX 78702                           | Amount of contribution (\$)              |
| Principal occu<br>Policy Co               | pation / Job title (See Instructions)<br>nsultant  |                                       | Employer (See Instruct<br>Texas Associat                          | ctions)<br>ion of School Boards          |
|   |  |                                       |   |  |
|   | ATTACH ADDIT<br>If contributor is out-of-state PAC   |                                       | OF THIS SCHEDULE AS I<br>uction guide for additional              |  |

| MONE                          | TARY POLITICAL                                      | CONTR  | BUTIONS                               | 6            | 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                          | out-of-state PAC   | C (ID#:                               | )            | 7 Amount of contribution (\$)         |
| 10/8/2020                     | Weeks, Allen<br>6 Contributor address;              | City;  | State; Zip Co                         | ode          | \$52.95                               |
| 8 Principal occu<br>Executive | upation / Job title (See Instructions) Director     |  | 9 Employer (Se<br>Austin Voice        |              | ons)<br>ducation and Youth            |
| Date                          | Full name of contributor                            | out-of-state PAG   | C (ID#:                               | )            | Amount of contribution (\$)           |
| 10/8/2020                     | Contributor address;                                | City;  | State; Zip Co                         | ode          | \$50.00                               |
|                               |   | Employer (See Instructions)<br>Richards Rodriguez & Skeith LLP |                                       |              |                                       |
| Date                          | Full name of contributor                            | out-of-state PAG   | C (ID#:                               | )            | Amount of contribution (\$)           |
| 10/8/2020                     | Porter, Moira<br>Contributor address;               | City;  | State; Zip Co                         | ode          | 105.58                                |
| Prin <u>cipa</u> l occu       | pation / Job title (See Instructions)               |  | Employer (Se<br>UT                    | e Instructio | ons)                                  |
| Date                          | Full name of contributor                            | out-of-state PAG   | C (ID#:                               | )            | Amount of contribution (\$)           |
| 10/9/2020                     | Embree-Lowry, Laura<br>Contributor address;         | <sub>City;</sub><br>Austin                                     | State; Zip Coo<br>TX 78722            |              | \$40.00                               |
| Principal occu<br>Editorial A | pation / Job title (See Instructions)<br>ASSISTANT  |  | Employer (Se<br>American              | e Instructio | ation Lawyers Association             |
|                               |   |  |                                       |              |                                       |
|                               | ATTACH ADDITI<br>If contributor is out-of-state PAC |  | OF THIS SCHEDU<br>uction guide for ac |              |                                       |

| MONET                               | ARY POLITICAL  | CONTRI                                | BUTIONS  | SCHEDULE A1                                  |
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| The                                 | Instruction Guide explains how   | to complete this                      | form.  | 1 Total pages Schedule A1:                   |
| 2 FILER NAME                        |  |                                       |  | <b>3</b> Filer ID (Ethics Commission Filers) |
| 4 Date<br>10/9/2020                 | <ul> <li>5 Full name of contributor</li> <li>Luna, Jennifer</li> <li>6 Contributor address;</li> </ul> | □ out-of-state PAC<br>City;<br>Austin | (ID#:)<br>State; Zip Code<br><b>TX 78728</b>         | 7 Amount of contribution (\$)<br>\$50.00     |
|                                     | pation / Job title (See Instructions)<br>rk Education  |                                       | 9 Employer (See Instruct<br>UT                       | tions)                                       |
| Date                                | Full name of contributor   | _                                     | : (ID#:)   | Amount of contribution (\$)                  |
| 10/12/2020                          | Contributor address;   | <sub>City;</sub><br>Austin            | State; Zip Code<br>TX 78741                          | \$52.95                                      |
| Principal occup<br>Teacher          | bation / Job title (See Instructions)  |                                       | Employer (See Instruc<br>Texas State Unive           |  |
| Date                                | Full name of contributor<br>Jaimes, Deisy  | out-of-state PAC                      | : (ID#:)   | Amount of contribution (\$)                  |
| 10/12/2020                          | Contributor address;   | <sub>City;</sub><br>Austin            | State; Zip Code<br>TX 78723                          | \$250.00                                     |
| Prin <u>cip</u> al occup<br>Manager | pation / Job title (See Instructions)  |                                       | Employer (See Instruct<br>State of Texas             | tions)                                       |
| Date                                | Full name of contributor   | out-of-state PAC                      | · (ID#:)   | Amount of contribution (\$)                  |
| 10/12/2020                          | Madsen, Klaus<br>Contributor address;  | <sub>City;</sub><br>Austin            | State; Zip Code<br>TX 78768                          | \$100.00                                     |
| Principal occup<br>Public Heal      | bation / Job title (See Instructions)<br>th Consultant   |                                       | Employer (See Instruct<br>Klaus Madaen Hea           | alth Solutions                               |
|                                     |  |                                       |  |  |
|                                     | ATTACH ADDIT<br>If contributor is out-of-state PAC   |                                       | DF THIS SCHEDULE AS N<br>uction guide for additional |  |

| MONET                          | ARY POLITICAL   | CONTR   | IBUTIONS                                     | SCHEDULE A1                              |
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| The                            | Instruction Guide explains how  | 1 Total pages Schedule A1:  |  |  |
| 2 FILER NAME                   |   |   |  | 3 Filer ID (Ethics Commission Filers)    |
| 4 Date<br>10/12/2020           | <ul> <li>5 Full name of contributor</li> <li>Fischer, Lisa</li> <li>6 Contributor address;</li> </ul> | □ out-of-state PAC (ID#:)<br>City; State; Zip Code<br>Austin TX 78748 |  | 7 Amount of contribution (\$)<br>\$10.00 |
| 8 Principal occu<br>Yoga Teach | pation / Job title (See Instructions)   |   | 9 Employer (See Instruct<br>Pure Bikram Yoga |  |
| Date<br>10/12/2020             | Full name of contributor<br>Wolfe, Katie<br>Contributor address;                                      | □ out-of-state PA<br>City;<br>Austin                                  | C (ID#:)<br>State; Zip Code<br>TX 78702      | Amount of contribution (\$)              |
| Principal occup<br>Social Work | ation / Job title (See Instructions)  |   | Employer (See Instruct                       | tions)                                   |
| Date<br>10/13/2020             | Full name of contributor<br>Joyce Basciano<br>Contributor address;                                    | □ out-of-state PA<br>City;<br>Austin                                  | C (ID#:)<br>State; Zip Code<br>TX 78766      | Amount of contribution (\$)              |
| Prin <u>cip</u> al occup       | pation / Job title (See Instructions)   |   | Employer (See Instruct                       | tions)                                   |
| Date<br>10/13/2020             | Full name of contributor<br>McKiernan-Gonzalez,<br>Contributor address;                               | □ out-of-state PA<br>John<br>City;<br>Austin                          | C (ID#:)<br>State; Zip Code<br>TX 78741      | Amount of contribution (\$)              |
| Principal occup<br>Teacher     | pation / Job title (See Instructions)   |   | Employer (See Instruct<br>Texas State Unive  |  |
|                                | ATTACH ADDIT<br>If contributor is out-of-state PAC  |   | OF THIS SCHEDULE AS N                        |  |

| MONET                       | TARY POLITICAL   | CONTR                                | IBUTIONS   | SCHEDULE A1                                |
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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<br>10/13/2020        | <ul> <li>5 Full name of contributor</li> <li>Evans, Roxanne</li> <li>6 Contributor address;</li> </ul> | □ out-of-state PA<br>City;<br>Austin | C (ID#:)<br>State; Zip Code<br>TX 78723          | 7 Amount of contribution (\$)<br>\$52.95   |
|                             | pation / Job title (See Instructions)<br>tions Professional  |                                      | 9 Employer (See Instru<br>Evans Communi          |  |
| Date<br>10/13/2020          | Full name of contributor<br>Education Austin<br>Contributor address;                                   | ☐ out-of-state PA<br>City;           | C (ID#:) State; Zip Code                         | Amount of contribution (\$)<br>\$10,000.00 |
| Principal occup             | pation / Job title (See Instructions)  |                                      | Employer (See Instru                             | ctions)                                    |
| Date<br>10/13/2020          | Full name of contributor<br>Fox, Shaleiah<br>Contributor address;                                      | City;<br>Austin                      | C (ID#:)<br>State; Zip Code<br>TX 78723          | Amount of contribution (\$)                |
| Principal occur<br>Director | pation / Job title (See Instructions)  |                                      | Employer (See Instru<br>UT                       | ctions)                                    |
| Date<br>10/14/2020          | Full name of contributor<br>Somers, Susan<br>Contributor address;                                      | ☐ out-of-state PA<br>City;<br>Austin | C (ID#:)<br>State; Zip Code<br>TX 78758          | Amount of contribution (\$)                |
| Principal occup             | pation / Job title (See Instructions)  |                                      | Employer (See Instru                             | ctions)                                    |
|                             |  |                                      | ,  |  |
|                             | ATTACH ADDIT<br>If contributor is out-of-state PAC   |                                      | OF THIS SCHEDULE AS ruction guide for additional |  |

| MONET  | ARY POLITICAL  | CONTR  | IBUTIONS   | SCHEDULE A1                              |
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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)    |
| <ul> <li>4 Date</li> <li>10/14/2020</li> <li>8 Principal occu</li> </ul> | <ul> <li>Full name of contributor</li> <li>Wine, Kim</li> <li>Contributor address;</li> <li>pation / Job title (See Instructions)</li> </ul> | □ out-of-state PA<br>City;<br>Austin         | C (ID#:) State; Zip Code TX 78723 9 Employer (See Instruct       | 7 Amount of contribution (\$)<br>\$10.84 |
| Date<br>10/15/2020<br>Principal occup                                    | Full name of contributor<br>Woodward, Clare<br>Contributor address;  | □ out-of-state PA<br>City;<br>Austin         | C (ID#:)<br>State; Zip Code<br>TX 78741<br>Employer (See Instruc | Amount of contribution (\$)<br>\$105.58  |
| Date<br>10/15/2020   | Full name of contributor<br>Littler, Sarah<br>Contributor address;   | □ out-of-state PA<br>City;<br>Austin         | C (ID#:)<br>State; Zip Code<br>TX 78723                          | Amount of contribution (\$)              |
|  | nt/Fundraising   |  | Employer (See Instruct<br>Seedling                               | <br>ctions)                              |
| Date<br>10/15/2020   | Full name of contributor<br>Robinson Parks, Shur<br>Contributor address;   | □ out-of-state PA<br>onda<br>City;<br>Austin | C (ID#:)<br>State; Zip Code<br>TX 78721                          | Amount of contribution (\$)              |
| Principal occup<br>Public Relat  | ation / Job title (See Instructions)   |  | Employer (See Instruct<br>Adisa Communic                         | tions)<br>tions)<br>tations              |
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|  | ATTACH ADDIT<br>If contributor is out-of-state PAC   |  | OF THIS SCHEDULE AS I<br>ruction guide for additional            |  |

| MONE                         | TARY POLITICAL  | CONTRI                                | BUTIONS                                    | SCHEDULE A1                              |
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| The                          | Instruction Guide explains how                                    | to complete this                      | ; form.                                    | 1 Total pages Schedule A1:               |
| 2 FILER NAME                 | 2 FILER NAME  |                                       |  | 3 Filer ID (Ethics Commission Filers)    |
| 4 Date                       | 5 Full name of contributor<br>Gonzales, Lawrence                  | out-of-state PAC                      | ) (ID#:)                                   | 7 Amount of contribution (\$)<br>\$20.00 |
| 10/15/2020                   | 6 Contributor address;  | <sup>City;</sup><br>Kyle              | State; Zip Code<br>TX 78640                |  |
| 8 Principal occu<br>Trainer  | pation / Job title (See Instructions)                             |                                       | 9 Employer (See Instruct<br>State of Texas | tions)                                   |
| Date                         | Full name of contributor  | out-of-state PAC                      | C (ID#:)                                   | Amount of contribution (\$)              |
| 10/15/2020                   | Collins, Elton<br>Contributor address;                            | <sub>City;</sub><br>Austin            | State; Zip Code<br>TX 78745                | \$25.00                                  |
| Principal occup<br>Retired   | Dation / Job title (See Instructions)                             |                                       | Employer (See Instruc<br>Retired           | tions)                                   |
| Date<br>10/15/2020           | Full name of contributor<br>Duran, Carmen<br>Contributor address; | City;                                 | C (ID#:)<br>State; Zip Code<br>TX 78602    | Amount of contribution (\$)              |
| Principal occur<br>Retired   | pation / Job title (See Instructions)                             | Bastrop                               | Employer (See Instruct<br>Retired          | ctions)                                  |
| Date<br>10/15/2020           | Full name of contributor<br>Clarke, Linda<br>Contributor address; | ☐ out-of-state PAC<br>City;<br>Austin | C (ID#:)<br>State; Zip Code<br>TX 78749    | Amount of contribution (\$)              |
| Principal occur<br>Professor | pation / Job title (See Instructions)                             |                                       | Employer (See Instruc<br>Retired           | stions)                                  |
|                              |   |                                       | OF THIS SCHEDULE AS N                      |  |
|                              | If contributor is out-of-state PAC                                | , please see Instr                    | uction guide for additional                | reporting requirements.                  |

| MONET  | TARY POLITICAL   | CONTR                                 | IBUTIONS                                   | SCHEDULE A1                   |
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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   | 5 Full name of contributor<br>Vera, Josie                                      | out-of-state PAC                      | C (ID#:)                                   | 7 Amount of contribution (\$) |
| 10/16/2020   | <b>6</b> Contributor address;  | <sub>City;</sub><br>Austin            | State; Zip Code<br>TX 78702                | \$20.00                       |
| 8 Principal occu<br>Homemake   | pation / Job title (See Instructions)  |                                       | 9 Employer (See Instruct<br>Homemaker      | ctions)                       |
| Date<br>10/16/2020   | Full name of contributor<br>Umberger, LCSW, To<br>Contributor address;         | □ out-of-state PAG<br>DM<br>City;     | C (ID#:) State; Zip Code                   | Amount of contribution (\$)   |
|  | pation / Job title (See Instructions)<br>alth Counselor                        |                                       | Employer (See Instruct<br>Family Eldercare |                               |
| Date<br>10/18/2020   | Full name of contributor<br><b>Greenleaf, Samantha</b><br>Contributor address; |                                       | C (ID#:)<br>State; Zip Code<br>TX 78757    | Amount of contribution (\$)   |
| Principal occur<br>Teacher   | pation / Job title (See Instructions)  |                                       | Employer (See Instruct<br>AISD             | ctions)                       |
| Date<br>10/19/2020   | Full name of contributor<br>Freeman Family<br>Contributor address;             | □ out-of-state PAG<br>City;<br>Austin | C (ID#:)<br>State; Zip Code<br>TX 78704    | Amount of contribution (\$)   |
| Principal occup<br>Unemployed  | pation / Job title (See Instructions)  |                                       | Employer (See Instruct<br>Unemployed       | ctions)                       |
|  |  |                                       |  |                               |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |                                       |  |                               |

| 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  | 5 Full name of contributor<br>McLeod, Patricia                           | out-of-state PA                         | C (ID#:)  | 7 Amount of contribution (\$)         |
| 10/19/2020  | <b>6</b> Contributor address;  | <sub>City;</sub><br>Austin              | State; Zip Code<br>TX 78748                           | \$105.58                              |
| 8 Principal occu  | pation / Job title (See Instructions)                                    |   | 9 Employer (See Instruc                               | tions)                                |
| Date  | Full name of contributor<br>Turner, Scott                                | out-of-state PA                         | C (ID#:)  | Amount of contribution (\$)           |
| 10/20/2020  | Contributor address;   | <sub>City;</sub><br>Austin              | State; Zip Code<br>TX 78731                           | \$10.00                               |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed |  | Employer (See Instruct<br>Self Employed | tions)  |                                       |
| Date<br>10/20/2020  | Full name of contributor<br>Pompa-Rodriguez, Tor<br>Contributor address; | i out-of-state PA<br>City;<br>Houston   | C (ID#:)<br>State; Zip Code<br>TX 77042               | Amount of contribution (\$)           |
| Principal occup<br>Retired  | Deation / Job title (See Instructions)                                   |   | Retired   | tions)                                |
| Date<br>10/20/2020  | Full name of contributor<br>Martinson, Erin                              | out-of-state PA                         | C (ID#:)  | Amount of contribution (\$)           |
|   | Contributor address;   | <sub>City;</sub><br>Austin              | State; Zip Code<br>TX 78751                           | <b>+</b>                              |
| Principal occup<br>Attorney   | bation / Job title (See Instructions)                                    |   | Employer (See Instruc<br>Texas RioGrande              | tions)<br>e Legal Aid                 |
|   |  |   |   |                                       |
|   | ATTACH ADDITI<br>If contributor is out-of-state PAC                      |   | OF THIS SCHEDULE AS N<br>ruction guide for additional |                                       |

| 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                          | 5 Full name of contributor<br>Metzger, Luke       | out-of-state PA            | C (ID#:)   | 7 Amount of contribution (\$)<br>\$25.00 |
| 10/21/2020                      | <b>6</b> Contributor address;                     | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78702                            |  |
| 8 Principal occu<br>Executive   | pation / Job title (See Instructions)             |                            | <sup>9</sup> Employer (See Instruct<br>Environment Tex | tions)<br>aS                             |
| Date                            | Full name of contributor                          | out-of-state PA            | C (ID#:)   | Amount of contribution (\$)              |
| 10/21/2020                      | Garza, Kim<br>Contributor address;                | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78752                            | \$150.00                                 |
| Principal occup<br>Professor    | pation / Job title (See Instructions)             |                            | Employer (See Instruct<br>St. Edward's Univ            |  |
| Date                            | Full name of contributor<br>Nelson, Robin         | out-of-state PA            | C (ID#:)   | Amount of contribution (\$)              |
| 10/22/2020                      | Contributor address;                              | <sub>City;</sub><br>Austin | State; Zip Code  | \$18.00                                  |
| Principal occur<br>Executive As | bation / Job title (See Instructions)<br>SSISTANT |                            | Employer (See Instruct<br>Office of the Atto           | _  |
| Date                            | Full name of contributor<br>Ellison, Shana        | out-of-state PA            | C (ID#:)   | Amount of contribution (\$)              |
| 10/22/2020                      | Contributor address;                              | <sub>City;</sub><br>Austin | State; Zip Code<br>TX 78757                            | ψ20.00                                   |
| Principal occup<br>Retired      | Dation / Job title (See Instructions)             |                            | Employer (See Instruct<br>Retired                      | l<br>ctions)                             |
|                                 |   |                            |  |  |
|                                 | ATTACH ADDIT                                      |                            | OF THIS SCHEDULE AS N<br>ruction guide for additional  |  |

| MONE                                   | TARY POLITICAL C                          | CONTRI                                | BUTIONS  | SCHEDULE A1  |
|--|---|---------------------------------------|--|--|
| The                                    | Instruction Guide explains how to         | 1 Total pages Schedule A1:            |  |  |
| 2 FILER NAME                           |   | 3 Filer ID (Ethics Commission Filers) |  |  |
| Date     10/23/2020     Principal occu | Cooper, Andee<br>6 Contributor address;   | ] out-of-state PAC<br>City;<br>Austin | C (ID#:)<br>State; Zip Code<br>TX 78753<br>9 Employer (See Instruc | 7 Amount of contribution (\$)<br>\$21.37<br>tions) |
| Date<br>10/24/2020<br>Principal occup  | Krcmarik, Timothy<br>Contributor address; | ] out-of-state PAC<br>City;<br>Austin | C (ID#:)<br>State; Zip Code<br>TX 78702<br>Employer (See Instruct  | Amount of contribution (\$)<br>\$26.63             |
| Date                                   | Full name of contributor                  | ] out-of-state PAC<br>City;           | C (ID#:) State; Zip Code   | Amount of contribution (\$)                        |
| P <b>rin<u>cip</u>al</b> occu          | pation / Job title (See Instructions)     |                                       | Employer (See Instruc  | tions)   |
| Date                                   | Full name of contributor                  | ] out-of-state PAC                    | C (ID#:) State; Zip Code   | Amount of contribution (\$)                        |
| Principal occu                         | Dation / Job title (See Instructions)     |                                       | Employer (See Instruc  | ·  |

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## SCHEDULE F1

|   |                     | EXPENDITURE CATE  | GORIES FOR BOX 8(a)  |   |
|---|---------------------|---|--|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment | ,                   | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explai | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor<br>Ins how to complete this form. | Solicitation/Fu<br>Transportation<br>Travel In Distr<br>Travel Out Of<br>Other (enter a |
| <b>1</b> Total pages Schedule F1:   | 2 FILER N           | AME   |  | 3 Filer ID (  |
| <sup>4</sup> <sub>Date</sub><br>9/28/2020   | 5 Payee na<br>Gusto | ame<br>-  |  |   |
| 6 Amount (\$)   | 7 Payee ad          | ddress;   | City;  | Stat  |
| \$250.04  |                     |   |  |   |
|   |                     |   |  |   |

undraising Expense n Equipment & Related Expense rict District category not listed above)

| <b>1</b> Total pages Schedule F1:                            | 2 FILER NAME                              |   | 3 Filer ID (Ethics Commission Filers)      |
|--|---|---|--|
| <sup>4</sup> Date<br>9/28/2020                               | 5 Payee name<br>Gusto                     | -                                       |  |
| 6 Amount (\$)  | 7 Payee address;                          | City;                                   | State; Zip Code                            |
| \$250.04   |   |   |  |
| 8  | (a) Category (See Categories listed at th | e top of this schedule) (b) Description | ı  |
| PURPOSE<br>OF  | Other                                     |   |  |
| EXPENDITURE  |   |   |  |
|  | (C) Check if travel outside of Texas.     | . Complete Schedule T. Check            | if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder nam              | e Office soug                           | ht Office held                             |
| Date   | Payee name                                |   |  |
| 9/28/2020  | Gusto                                     |   |  |
| Amount (\$)  | Payee address;                            | City;                                   | State; Zip Code                            |
| \$774.11   |   |   |  |
|  | Category (See Categories listed at the    | top of this schedule) Description       | 1  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Salaries/Wages/Cont<br>Labor              | ract                                    |  |
|  | Check if travel outside of Texas.         | Complete Schedule T. Check              | f Austin, TX, officeholder living expense  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name             | e Office soug                           | ht Office held                             |
| Date   | Payee name                                |   |  |
| 10/02/2020   | NGP VAN INC                               |   |  |
| Amount (\$)<br>\$162.38                                      | Payee address;                            | City;                                   | State; Zip Code                            |
|  | Category (See Categories listed at the    | top of this schedule) Description       | 1  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Solicitation/Fundraisine                  | g Expense                               |  |
|  | Check if travel outside of Texas.         | Complete Schedule T. Check i            | f Austin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder nam              | ne Office soug                          | ht Office held                             |
|  |   |   |  |

## POLITICAL EXPENDITURES MADE FR

Date

Complete ONLY if direct expenditure to benefit C/OH

10/05/2020

PURPOSE

OF

Amount (\$)

\$250.08

### DULE F1

Office held

Zip Code

Office held

Check if Austin, TX, officeholder living expense

Check if Austin, TX, officeholder living expense

State;

Office sought

City;

Description

Office sought

| FROM POL  | SCH                 | EDULE F1  |  |                              |  |                         |
|---|---------------------|---|--|------------------------------|--|-------------------------|
|   |                     | EXPENDITURE CATE  | GORIES   | FOR BOX 8(a)                 |  |                         |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                     | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explai | Office Ove<br>Polling Exp<br>Printing Ex<br>Salaries/W | pense<br>ages/Contract Labor | Solicitation/Fundrais<br>Transportation Equip<br>Travel In District<br>Travel Out Of Distric<br>Other (enter a categ | oment & Related Expense |
| <b>1</b> Total pages Schedule F1:   | 2 FILER N           | IAME  |  |                              | 3 Filer ID (Ethic  | s Commission Filers)    |
| <sup>4</sup> Date<br>10/02/2020   | 5 Payee na<br>Gusto |   |  |                              |  |                         |
| 6 Amount (\$)<br>\$26.65  | 7 Payee a           | ddress;   |  | City;                        | State;   | Zip Code                |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE   | (a) Catego<br>Fess  | ry (See Categories listed at the top of thi   | s schedule)  | (b) Description              |  |                         |
|   | (c)                 | Check if travel outside of Texas. Complete  | Schedule T.  | Check if Aust                | in, TX, officeholder living  | g expense               |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   |                     | date / Officeholder name  |  | Office sought                |  | Office held             |
| <sup>Date</sup><br>10/05/2020   | Payee na            |   |  |                              |  |                         |
| Amount (\$)   | Payee a             | ddress;   |  | City;                        | State;   | Zip Code                |
| \$225.00  |                     |   |  |                              |  |                         |
|   | Category            | y (See Categories listed at the top of this   | schedule)  | Description                  |  |                         |
| PURPOSE<br>OF<br>EXPENDITURE  | Adver               | rtising Expense   |  |                              |  |                         |

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Payee name

Gusto

Payee address;

Other

EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

Category (See Categories listed at the top of this schedule)

## SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BO | ( 8(a) |
|-------------------------------|--------|
|-------------------------------|--------|

| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                        | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explain | Loan Repay<br>Office Over<br>Polling Exp<br>Printing Ex<br>Salaries/Wi | pense<br>ages/Contract Labor | Solicitation/Fundrais<br>Transportation Equip<br>Travel In District<br>Travel Out Of Distric<br>Other (enter a catego | oment & Related Expense |
|--|------------------------|--|--|------------------------------|---|-------------------------|
| <b>1</b> Total pages Schedule F1:  | 2 FILER N              | •  |  |                              | 3 Filer ID (Ethics  | s Commission Filers)    |
| <sup>4</sup> Date<br>10/05/2020  | 5 Pavee na<br>Gusto    | me   |  |                              |   |                         |
| 6 Amount (\$)<br>\$774.09  | 7 Payee ac             | ldress;  |  | City;                        | State;  | Zip Code                |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE  | (a) Categor<br>Salarie | y (See Categories listed at the top of this  | schedule)  | (b) Description              |   |                         |
|  | (c)                    | Check if travel outside of Texas. Complete S   | chedule T.   | Check if Austin              | , TX, officeholder living   | g expense               |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF  |                        | ate / Officeholder name  |  | Office sought                |   | Office held             |
| Date<br>10/06/2020   | Payee na<br>TWC        | me   |  |                              |   |                         |
| Amount (\$)<br>\$102.69  | Payee ac               | dress;   |  | City;                        | State;  | Zip Code                |
| PURPOSE<br>OF<br>EXPENDITURE   | Category<br>Other      | (See Categories listed at the top of this s  | chedule)   | Description                  |   |                         |
|  |                        | Check if travel outside of Texas. Complete S   | chedule T.   | Check if Austin              | , TX, officeholder living   | g expense               |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH  |                        | ate / Officeholder name  |  | Office sought                |   | Office held             |
| <sup>Date</sup><br>10/07/2020  | Pavee na<br>Zippity    |  |  |                              |   |                         |
| Amount (\$)<br>\$3,217.38  | Payee ac               | ldress;  |  | City;                        | State;  | Zip Code                |
| PURPOSE<br>OF<br>EXPENDITURE   |                        | (See Categories listed at the top of this s<br>g Expense   | chedule)   | Description                  |   |                         |
|  |                        | Check if travel outside of Texas. Complete S   | chedule T.   | Check if Austin              | , TX, officeholder living   | expense                 |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH  |                        | ate / Officeholder name  |  | Office sought                |   | Office held             |
|  | AT                     | <b>FACH ADDITIONAL COPIES</b>  | OF THIS S  | SCHEDULE AS NEE              | DED   |                         |

## SCHEDULE F1

|   |                   | EXPENDITURE CATE   | GORIES F  | OR BO                                     | X 8(a)         |   |                           |
|---|-------------------|--|---|---|----------------|---|---------------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                   | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explain | Office Over<br>Polling Exp<br>Printing Ex<br>Salaries/W | rhead/Rent<br>pense<br>pense<br>ages/Cont |                | Travel In District<br>Travel Out Of Dis | uipment & Related Expense |
| 4 Trill and Ochodulo Edu  | 2                 | •  | 15 HOW to 5.  | ombiere i                                 |                |   | · Oission Eiloro)         |
| <b>1</b> Total pages Schedule F1:   | 2 FILER N         | AME  |   |   |                |   | nics Commission Filers)   |
| 4 Date  | 5 Payee na        |  |   |   |                | L                                       |                           |
| 10/09/2020  |                   | n Chronicle  |   |   |                |   |                           |
| 6 Amount (\$)   | 7 Payee ad        | ddress;  |   |   | City;          | State;                                  | Zip Code                  |
| \$825.00  |                   |  |   |   |                |   |                           |
| 8   | -                 | ry (See Categories listed at the top of this   | schedule)   | (b) De                                    | scription      |   |                           |
| PURPOSE<br>OF<br>EXPENDITURE  | Adve              | rtising Expense  |   |   |                |   |                           |
|   | (c)               | Check if travel outside of Texas. Complete S   | Schedule T.   |   | Check if Aust  | tin, TX, officeholder liv               | ring expense              |
| 9 Complete ONLY if direct expenditure to benefit C/OF   |                   | date / Officeholder name   |   | Offi                                      | ce sought      |   | Office held               |
| <sup>Date</sup><br>10/09/2020   | Payee na<br>Gusto |  |   |   |                |   |                           |
| Amount (\$)   | Payee a           | ddress;  |   |   | City;          | State;                                  | Zip Code                  |
| \$250.04  |                   |  |   |   |                |   |                           |
|   | Category          | y (See Categories listed at the top of this s  | schedule)   | De  | scription      |   |                           |
| PURPOSE<br>OF<br>EXPENDITURE  | Other             |  |   |   |                |   |                           |
|   |                   | Check if travel outside of Texas. Complete S   | Schedule T.   |   | Check if Aust  | tin, TX, officeholder liv               | ing expense               |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   |                   | late / Officeholder name   |   | Offic                                     | ce sought      |   | Office held               |
| Date  | Payee n           | ame  |   |   |                |   |                           |
| 10/09/2020  | Gusto             |  |   |   |                |   |                           |
| Amount (\$)   | Payee a           | ddress;  |   |   | City;          | State;                                  | Zip Code                  |
| \$774.11  |                   |  |   |   |                |   |                           |
| PURPOSE<br>OF<br>EXPENDITURE  |                   | y (See Categories listed at the top of this s<br>es/Wages/Contract La  | ,   | Des                                       | scription      |   |                           |
|   |                   | Check if travel outside of Texas. Complete S   | schedule T.   |   | Check if Austi | in, TX, officeholder liv                | ing expense               |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   |                   | date / Officeholder name   |   | Offi                                      | ce sought      |   | Office held               |
|   |                   |  |   |   |                |   |                           |

## SCHEDULE F1

|   |                       | EXPENDITURE CATE   | GORIES F    | FOR B  | юх                     | ( 8(a)                  |                                      |                 |   |                   |
|---|-----------------------|--|-------------|--------|------------------------|-------------------------|--------------------------------------|-----------------|---|-------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                       |  |             |        | l Expense<br>Ict Labor | Trans<br>Trave<br>Trave | l In District<br>Out Of Dist         | uipmer<br>rict  | Expense<br>It & Related Expense<br>ot listed above) |                   |
| 1 Tatal pages Cabadula E4   | 2 EH ED N             |  |             | ompier |                        |                         | 2 51                                 | or ID (Eth      | ion Cr  | mmission Filora)  |
| <b>1</b> Total pages Schedule F1:   | Z FILER N             | IAME   |             |        |                        |                         | 3 -11                                | er id (Ein      |   | ommission Filers) |
| 4 Date<br>10/10/2020  | 5 Payee na<br>Zippity |  |             |        |                        |                         |                                      |                 |   |                   |
| 6 Amount (\$)   | 7 Payee a             | ddress;  |             |        | C                      | City;                   |                                      | State;          |   | Zip Code          |
| \$1,316.89  |                       |  |             |        |                        |                         |                                      |                 |   |                   |
| 8   | (a) Catego            | ry (See Categories listed at the top of this             | schedule)   | (b) [  | Desc                   | cription                |                                      |                 |   |                   |
| PURPOSE<br>OF<br>EXPENDITURE  | Printir               | ng Expense   |             |        |                        |                         |                                      |                 |   |                   |
|   | (c)                   | Check if travel outside of Texas. Complete S             | Schedule T. | Г      |                        | Check if Aus            | tin. TX. of                          | ficeholder liv  | ina exr   | ense              |
| • Complete ONUX if direct   |                       | date / Officeholder name                                 |             |        |                        | e sought                | ,,                                   |                 |   | fice held         |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   |                       |  |             |        |                        | sought                  |                                      |                 |   |                   |
| <sup>Date</sup><br>\$1,800.00   | Payee na<br>La Pre    |  |             |        |                        |                         |                                      |                 |   |                   |
| Amount (\$)<br><b>\$1,802.00</b>  | Payee a               | ddress;  |             |        | C                      | City;                   |                                      | State;          |   | Zip Code          |
|   | Category              | y (See Categories listed at the top of this              | schedule)   |        | Desc                   | cription                |                                      |                 |   |                   |
| PURPOSE<br>OF<br>EXPENDITURE  | Adve                  | ertising Expense   |             |        |                        |                         |                                      |                 |   |                   |
|   |                       | Check if travel outside of Texas. Complete S             | Schedule T. |        |                        | Check if Aus            | tin, TX, officeholder living expense |                 |   |                   |
| Complete <u>QNLY</u> if direct expenditure to benefit C/OF  |                       | late / Officeholder name                                 |             | 0      | ffice                  | e sought                |                                      |                 | Off   | ïce held          |
| Date  | Payee n               | ame  |             |        |                        |                         |                                      |                 |   |                   |
| 10/16/2020  | Austir                | n Chronicle  |             |        |                        |                         |                                      |                 |   |                   |
| Amount (\$)<br>\$825.00   | Payee a               | ddress;  |             |        | C                      | City;                   |                                      | State;          |   | Zip Code          |
| PURPOSE<br>OF<br>EXPENDITURE  |                       | V (See Categories listed at the top of this sing Expense |             |        |                        |                         |                                      |                 |   |                   |
|   |                       | Check if travel outside of Texas. Complete S             | chedule T.  |        |                        | Check if Aus            | tin, TX, of                          | ficeholder livi | ng exp  | ense              |
| Complete ONLY if direct expenditure to benefit C/OF   |                       | late / Officeholder name                                 |             | C      | Office                 | e sought                |                                      |                 | Of  | ffice held        |
|   |                       |  |             |        |                        |                         |                                      |                 |   |                   |

## SCHEDULE F1

|   |                      | EXPENDITURE CATE                              | GORIES F                  | OR BO                                     | X 8(a)                   |                           |                       |
|---|----------------------|---|---------------------------|---|--------------------------|---------------------------|-----------------------|
| Advertising Expense     Event Expense     Loan Repayment/Reimbursement       Accounting/Banking     Fees     Office Overhead/Rental Expense       Consulting Expense     Food/Beverage Expense     Polling Expense       Contributions/Donations Made By     Gift/Awards/Memorials Expense     Printing Expense       Candidate/Officeholder/Political Committee     Legal Services     Salaries/Wages/Contract Labor |                      |   | tal Expense<br>ract Labor | Travel In District<br>Travel Out Of Distr | ipment & Related Expense |                           |                       |
| 1 Total pages Schedule F1:  | 2 FILER N            | AME   |                           |   |                          | 3 Filer ID (Ethi          | cs Commission Filers) |
|   |                      |   |                           |   |                          |                           |                       |
| 4 Date<br>10/17/2020  | 5 Payee na<br>Office | Depot   |                           |   |                          |                           |                       |
| 6 Amount (\$)   | 7 Payee ad           | ddress;                                       |                           |   | City;                    | State;                    | Zip Code              |
| \$140.65  |                      |   |                           |   |                          |                           |                       |
| 8   | -                    | y (See Categories listed at the top of this   | schedule)                 | (b) De                                    | scription                |                           |                       |
| PURPOSE<br>OF   | Other                |   |                           |   |                          |                           |                       |
| EXPENDITURE   |                      |   |                           |   |                          |                           |                       |
|   | (c)                  | Check if travel outside of Texas. Complete S  | chedule T.                |   | ]                        | n, TX, officeholder livir | 0                     |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   |                      | late / Officeholder name                      |                           | Offi                                      | ce sought                |                           | Office held           |
| <sup>Date</sup><br>10/19/2020   | Payee na<br>Gusto    | ame   |                           |   |                          |                           |                       |
| Amount (\$)   | Payee ad             | ddress;                                       |                           |   | City;                    | State;                    | Zip Code              |
| \$247.75  |                      |   |                           |   |                          |                           |                       |
|   | Category             | / (See Categories listed at the top of this s | chedule)                  | De  | scription                |                           |                       |
| PURPOSE<br>OF<br>EXPENDITURE  | Othe                 | r   |                           |   |                          |                           |                       |
|   |                      | Check if travel outside of Texas. Complete S  | chedule T.                |   | Check if Austi           | n, TX, officeholder livir | ng expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |                      | late / Officeholder name                      |                           | Offic                                     | ce sought                |                           | Office held           |
| Date  | Payee n              | ame   |                           |   |                          |                           |                       |
| 10/19/2020  | Gusto                |   |                           |   |                          |                           |                       |
| Amount (\$)<br><b>\$774.10</b>  | Payee ad             | ddress;                                       |                           |   | City;                    | State;                    | Zip Code              |
|   | Category             | (See Categories listed at the top of this s   | chedule)                  | Des                                       | scription                |                           |                       |
| PURPOSE<br>OF<br>EXPENDITURE  | Salarie              | s/Wages/Contract Lab                          | or                        |   |                          |                           |                       |
|   |                      | Check if travel outside of Texas. Complete S  | chedule T.                |   | Check if Austin          | n, TX, officeholder livin | g expense             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |                      | late / Officeholder name                      |                           | Offi                                      | ce sought                |                           | Office held           |

## SCHEDULE F1

|   |  | EXPENDITURE CATE   | GORIES F    | OR BO                     | X 8(a)                                  |                           |                        |
|---|--|--|-------------|---------------------------|---|---------------------------|------------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment | punting/Banking         Fees         Office Overhead/Rental Expense           sulting Expense         Food/Beverage Expense         Polling Expense           ributions/Donations Made By         Gift/Awards/Memorials Expense         Printing Expense           ndidate/Officeholder/Political Committee         Legal Services         Salaries/Wages/Contract Labor |  |             | tal Expense<br>ract Labor | Travel In District<br>Travel Out Of Dis | uipment & Related Expense |                        |
| 1 Total pages Schedule F1:  | 2 FILER N  | IAME   |             | <u> </u>                  |   | 3 Filer ID (Eth           | ics Commission Filers) |
| 4 Date<br>10/19/2020<br>6 Amount (\$)   | <ul><li>5 Payee na</li><li>Office</li><li>7 Payee ad</li></ul>   | Depot  |             |                           | City;                                   | State;                    | Zip Code               |
| \$551.91  |  |  |             |                           |   |                           |                        |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE   |  | ry (See Categories listed at the top of this<br>ng Expense<br>Check if travel outside of Texas. Complete 5 |             | (b) De                    | Scription                               | in, TX, officeholder liv  | ing expense            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |  | date / Officeholder name   |             | Offi                      | ce sought                               |                           | Office held            |
| Date<br>10/20/2020  | Payee na<br>Texas  | ame<br>s Democratic Party  |             |                           |   |                           |                        |
| Amount (\$)<br><b>\$466.67</b>  | Payee a  | ddress;  |             |                           | City;                                   | State;                    | Zip Code               |
| PURPOSE<br>OF<br>EXPENDITURE  | Category<br>Other  | / (See Categories listed at the top of this  | schedule)   | De:<br>VAN                | scription                               |                           |                        |
|   |  | Check if travel outside of Texas. Complete S   | Schedule T. |                           | Check if Austi                          | n, TX, officeholder liv   | ing expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |  | late / Officeholder name   |             | Offi                      | ce sought                               |                           | Office held            |
| Date  | Payee n<br>Donate  |  |             |                           |   |                           |                        |
| Amount (\$)<br>\$123.69   | Payee a  | ddress;  |             |                           | City;                                   | State;                    | Zip Code               |
| PURPOSE<br>OF<br>EXPENDITURE  | Category<br>Fees   | <ul> <li>(See Categories listed at the top of this</li> </ul>  | schedule)   | De                        | scription                               |                           |                        |
|   |  | Check if travel outside of Texas. Complete S   | Schedule T. |                           | Check if Austi                          | n, TX, officeholder liv   | ing expense            |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   |  | late / Officeholder name   |             | Offi                      | ice sought                              |                           | Office held            |
|   |  |  |             |                           |   |                           |                        |

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

# FORM C/OH - FR

|   |  | The Instruction Guide explains how to complete this for<br>Complete only if "Report Type" on page 1 is marked "Final  |   |  |  |  |  |  |
|---|--|---|---|--|--|--|--|--|
| 1 | C/OH N   | AME   | 2 Filer ID (Ethics Commission Filers)   |  |  |  |  |  |
| 3 | SIGNA  | TURE  |   |  |  |  |  |  |
|   | I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat-<br>ing a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign<br>contributions or make any campaign expenditures without a campaign treasurer appointment on file. |   |   |  |  |  |  |  |
|   |  | Signatu   | re of Candidate / Officeholder  |  |  |  |  |  |
| 4 |  | WHO IS NOT AN OFFICEHOLDER<br>plete A & B below <i>only</i> if you are not an officeholder. ••  |   |  |  |  |  |  |
|   | А.   | CAMPAIGN FUNDS  |   |  |  |  |  |  |
|   | Chec   | c only one:   |   |  |  |  |  |  |
|   |  | I do not have unexpended contributions or unexpended interest or income earned free   | om political contributions.   |  |  |  |  |  |
|   |  | I have unexpended contributions or unexpended interest or income earned from por<br>may not convert unexpended political contributions or unexpended interest or incom-<br>personal use. I also understand that I must file an annual report of unexpended<br>unexpended contributions or unexpended interest or income earned on political contri-<br>this final report. Further, I understand that I must dispose of unexpended political con-<br>income earned on political contributions in accordance with the requirements of Elec- | me earned on political contributions to<br>contributions and that I may not retain<br>ibutions longer than six years after filing<br>portributions and unexpended interest or |  |  |  |  |  |
|   | В.   | ASSETS  |   |  |  |  |  |  |
|   | Chec   | conly one:  |   |  |  |  |  |  |
|   |  | I do not retain assets purchased with political contributions or interest or other incom  | ne from political contributions.  |  |  |  |  |  |
|   |  | I do retain assets purchased with political contributions or interest or other income fr<br>that I may not convert assets purchased with political contributions or interest or oth<br>personal use. I also understand that I must dispose of assets purchased with politic<br>requirements of Election Code, § 254.204.  | er income from political contributions to   |  |  |  |  |  |
|   |  | S   | Signature of Candidate  |  |  |  |  |  |
| 5 |  | EHOLDER<br>plete 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<br>file. I am also aware that I will be required to file reports of unexpended contributions if,<br>officeholder, I retain political contributions, interest or other income from political contrib<br>cal contributions or interest or other income from political contributions.  | after filing the last required report as an   |  |  |  |  |  |
|   |  | S   | ignature of Officeholder  |  |  |  |  |  |