

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR
Ms.

FIRST
Noelita

MI

NICKNAME

LAST

SUFFIX

Lugo

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 1192

Manchaca, Texas 78748

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512)

627-8960

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR
Mr.

FIRST
Reedy

MI

NICKNAME

LAST

SUFFIX

Springer, III

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

6605 Cairsbroke Lane

Austin

TX

78754

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(737)

203-1113

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year
9 / 25 / 2020

THROUGH

Month Day Year
10 / 22 / 2020

11 ELECTION

ELECTION DATE

Month Day Year
11 / 3 / 2020

Primary

Runoff

ELECTION TYPE

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

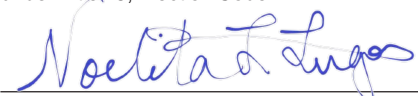
14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. <i>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</i> CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$24,178.90
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ \$13,880.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$24,178.90
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$13,880.23
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

9/25/2020

5 Full name of contributor

Foster, Kevin Michael

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State; Zip Code

Austin

TX 78751

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Professor

9 Employer (See Instructions)

UT

Date

9/25/2020

Full name of contributor

Rush, Barbara

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Austin

TX 78753

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

Travis County

Date

9/25/2020

Full name of contributor

Cooper, Jenna

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Austin

TX 78745

Amount of contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)

Librarian

Employer (See Instructions)

City of Austin

Date

9/25/2020

Full name of contributor

Boehle, Bryna

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Austin

TX 78748

Amount of contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)

Stay at home mom

Employer (See Instructions)

Stay at home mom

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date
9/25/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Smith, Virginia

6 Contributor address; City; State; Zip Code
Austin TX 78723

7 Amount of contribution (\$)
\$50.00

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date
9/25/2020

Full name of contributor out-of-state PAC (ID#: _____)
Guajardo, Rose

Contributor address; City; State; Zip Code
Austin TX 78748

Amount of contribution (\$)
\$25.00

Principal occupation / Job title (See Instructions)
Communicator

Employer (See Instructions)
State of Texas

Date
9/25/2020

Full name of contributor out-of-state PAC (ID#: _____)
McQueeney, Crystal

Contributor address; City; State; Zip Code
Austin TX 78749

Amount of contribution (\$)
\$25.00

Principal occupation / Job title (See Instructions)
Stay at home mom

Employer (See Instructions)
Stay at home mom

Date
9/25/2020

Full name of contributor out-of-state PAC (ID#: _____)
McDaniel, Amber

Contributor address; City; State; Zip Code
Austin TX 78723

Amount of contribution (\$)
\$26.63

Principal occupation / Job title (See Instructions)
Director of Special Education

Employer (See Instructions)
KIPP Texas Public Schools

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

9/25/2020

5 Full name of contributor

Cordova, Cary

out-of-state PAC (ID#: _____)

6 Contributor address;

City;
Austin

State; Zip Code
TX 78741

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

Professor

9 Employer (See Instructions)

UT

Date

9/25/2020

Full name of contributor

Garaña, Kristine

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX 78702

Amount of contribution (\$)

\$52.95

Principal occupation / Job title (See Instructions)

Stay at home mom

Employer (See Instructions)

Stay at home mom

Date

9/25/2020

Full name of contributor

Townsend, Stacey

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX 78745

Amount of contribution (\$)

\$2,000.00

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

RLSD

Date

9/25/2020

Full name of contributor

Wilson-Barrera, Cory

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX 78745

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

Homemaker

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

9/25/2020

Bullard, Rebecca

6 Contributor address;

City;
Austin

State; Zip Code
TX 78704

\$40.00

8 Principal occupation / Job title (See Instructions)

Communications

9 Employer (See Instructions)

Rouser

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/25/2020

Sullivan, Maury

Contributor address;

City;
Austin

State; Zip Code
TX 78751

\$100.00

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

SelfEmployed

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/25/2020

Reed,Carolynn

Contributor address;

City;
Austin

State; Zip Code
TX 78702

\$50.00

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

UT

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/25/2020

Donisi, John

Contributor address;

City;
Austin

State; Zip Code
TX 78703

\$526.63

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

9/25/2020

5 Full name of contributor

Nelson, Robin

out-of-state PAC (ID#: _____)

6 Contributor address;

City;
Austin

State; Zip Code
TX 78748

7 Amount of contribution (\$)

\$18.00

8 Principal occupation / Job title (See Instructions)

Executive Assistant

9 Employer (See Instructions)

Office of the Attorney General

Date

9/25/2020

Full name of contributor

Sands, Allison

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX 78748

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Teaching Assistant

Employer (See Instructions)

AISD

Date

9/26/2020

Full name of contributor

Little, Alison

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX 78757

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Data Analyst

Employer (See Instructions)

State

Date

9/26/2020

Full name of contributor

Gonzalez, Alberto

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX 78748

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Song writer, singer

Employer (See Instructions)

AC Productions

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date
9/26/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Cavazos, Elaine
6 Contributor address; City; State; Zip Code
Austin TX 78733

7 Amount of contribution (\$)
\$105.58

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/26/2020

Full name of contributor out-of-state PAC (ID#: _____)
Nowicki, Liz
Contributor address; City; State; Zip Code
Austin TX 78749

Amount of contribution (\$)
\$25.00

Principal occupation / Job title (See Instructions)
Social Worker

Employer (See Instructions)
UT

Date
9/26/2020

Full name of contributor out-of-state PAC (ID#: _____)
Wilson, Jessica
Contributor address; City; State; Zip Code
Austin TX 78702

Amount of contribution (\$)
\$50.00

Principal occupation / Job title (See Instructions)
Manager

Employer (See Instructions)
City of Austin

Date
9/26/2020

Full name of contributor out-of-state PAC (ID#: _____)
Snee, Jody
Contributor address; City; State; Zip Code
Austin TX 78702

Amount of contribution (\$)
\$105.58

Principal occupation / Job title (See Instructions)
Mental Health Program Specialist

Employer (See Instructions)
Texas DFPS Prevention & Early Intervention

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

9/26/2020

5 Full name of contributor

Knudsen, Jennifer

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State; Zip Code

Austin

TX 78723

7 Amount of contribution (\$)

\$5.00

8 Principal occupation / Job title (See Instructions)

Educator

9 Employer (See Instructions)

Terc

Date

9/26/2020

Full name of contributor

Andre, Beth

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Amount of contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26/2020

Full name of contributor

Gupton, Kevin

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Austin

TX 78756

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Recruiter

Employer (See Instructions)

Google

Date

9/26/2020

Full name of contributor

Riegel, Daniel

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Austin

TX 78704

Amount of contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Richards Rodriguez & Skeith LLP

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

9/27/2020

5 Full name of contributor

Thornton, Beth

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State; Zip Code

Austin

TX 78735

7 Amount of contribution (\$)

\$30.00

8 Principal occupation / Job title (See Instructions)

Teacher

9 Employer (See Instructions)

AISD

Date

9/27/2020

Full name of contributor

Abdullah-Levy, Anitra

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Austin

TX

Amount of contribution (\$)

\$105.58

Principal occupation / Job title (See Instructions)

Staff Attorney

Employer (See Instructions)

Texas State Board of Dental Examiners

Date

9/27/2020

Full name of contributor

Marino, Albert

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Austin

TX 78745

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

AISD

Date

9/27/2020

Full name of contributor

Irving, Justin

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Austin

TX 78722

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Public Health Informatics Manager

Employer (See Instructions)

TXDSHS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

9/27/2020

5 Full name of contributor

Rocha, Melissa

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State; Zip Code

Austin

TX 78748

7 Amount of contribution (\$)

\$10.84

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/27/2020

Full name of contributor

Bope, Flannery

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Austin

TX 78758

Amount of contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)

Senior Digital Marketing Manager

Employer (See Instructions)

Concierge Auctions

Date

9/27/2020

Full name of contributor

Slater, Keri

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Austin

TX 78702

Amount of contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)

Project Manager

Employer (See Instructions)

Iron Mountain

Date

9/27/2020

Full name of contributor

Masey, Chris

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Austin

TX 78745

Amount of contribution (\$)

\$30.00

Principal occupation / Job title (See Instructions)

Nonprofit Executive

Employer (See Instructions)

Autism Society of Texas

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

9/27/2020

Baker, Chris

6 Contributor address;

City;
Austin

State; Zip Code
TX 78721

\$100.00

8 Principal occupation / Job title (See Instructions)

Software Engineer

9 Employer (See Instructions)

Playstudios

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/27/2020

Guevara, Maya

Contributor address;

City;
Austin

State; Zip Code
TX 78723

\$25.00

Principal occupation / Job title (See Instructions)

Farmer

Employer (See Instructions)

Student

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/27/2020

Carroll, Christy

Contributor address;

City;
Austin

State; Zip Code
TX 78704

\$20.00

Principal occupation / Job title (See Instructions)

Designer

Employer (See Instructions)

Funsize

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/27/2020

Schulze, Sarah

Contributor address;

City;
Austin

State; Zip Code
TX 78724

\$30.00

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

RightRound

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

9/27/2020

5 Full name of contributor

Casagrande, Roy

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State; Zip Code

Austin

TX 78748

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Professor

9 Employer (See Instructions)

ACC

Date

9/28/2020

Full name of contributor

Griffin, Jillian

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Austin

TX 78721

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

TAHI PLLC

Date

9/28/2020

Full name of contributor

Dennis, Shannon

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Austin

TX 78702

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Social Worker

Employer (See Instructions)

Self Employed

Date

9/28/2020

Full name of contributor

Brooks, Hayden

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Austin

TX 78746

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date
9/28/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Friedman, Katie
6 Contributor address; City; State; Zip Code
Austin TX 78735

7 Amount of contribution (\$)
\$42.42

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Townsend, Judy
Contributor address; City; State; Zip Code
Austin TX 78723

Amount of contribution (\$)
\$50.00

Principal occupation / Job title (See Instructions)
Sales Analyst

Employer (See Instructions)
Cirrus Logic

Date

Full name of contributor out-of-state PAC (ID#: _____)
Burke, Cecelia
Contributor address; City; State; Zip Code
Austin TX 78731

Amount of contribution (\$)
\$500.00

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

Full name of contributor out-of-state PAC (ID#: _____)
Duerson, Michael
Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$37.00

Principal occupation / Job title (See Instructions)
Payroll Specialist

Employer (See Instructions)
G & A Partners Inc

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date
9/28/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Riegel, Daniel
6 Contributor address; City; State; Zip Code
Austin TX 78704

7 Amount of contribution (\$)
\$30.00

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Richards Rodriguez & Skeith LLP

Date
9/28/2020

Full name of contributor out-of-state PAC (ID#: _____)
Terronez, Margaret
Contributor address; City; State; Zip Code
Austin TX 78748

Amount of contribution (\$)
\$20.00

Principal occupation / Job title (See Instructions)
Court Admin

Employer (See Instructions)
Travis County

Date
9/28/2020

Full name of contributor out-of-state PAC (ID#: _____)
Nelson, Robin
Contributor address; City; State; Zip Code
Austin TX 78748

Amount of contribution (\$)
\$20.00

Principal occupation / Job title (See Instructions)
Executive Assistant

Employer (See Instructions)
Office of the Attorney General

Date
9/28/2020

Full name of contributor out-of-state PAC (ID#: _____)
Janes, Sara
Contributor address; City; State; Zip Code
Austin TX 78722

Amount of contribution (\$)
\$50.00

Principal occupation / Job title (See Instructions)
Lawyer

Employer (See Instructions)
WSH LLP

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/2020

5 Full name of contributor

Drish, Allison

out-of-state PAC (ID#: _____)

6 Contributor address;

City;
Austin

State; Zip Code
TX 78749

7 Amount of contribution (\$)

\$20.00

8 Principal occupation / Job title (See Instructions)

Director

9 Employer (See Instructions)

Board of Law Examiners

Date

9/28/2020

Full name of contributor

Hayes, Michael

out-of-state PAC (ID#: _____)

Contributor address;

City;
Colorado Springs

State; Zip Code
CO 80909

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Administrator

Employer (See Instructions)

Federal gov

Date

9/28/2020

Full name of contributor

Woodroffe, Teresa

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX 78702

Amount of contribution (\$)

\$52.95

Principal occupation / Job title (See Instructions)

Writer

Employer (See Instructions)

Self Employed

Date

9/28/2020

Full name of contributor

Richard-Crow, lumi

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX 78722

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Artist

Employer (See Instructions)

Self Employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date
9/28/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Harrington, James
6 Contributor address; City; State; Zip Code
Austin TX 78723

7 Amount of contribution (\$)
\$50.00

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date
9/28/2020

Full name of contributor out-of-state PAC (ID#: _____)
King, David
Contributor address; City; State; Zip Code
Austin TX 78704

Amount of contribution (\$)
\$263.47

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
9/28/2020

Full name of contributor out-of-state PAC (ID#: _____)
Spigarelli, Rudie
Contributor address; City; State; Zip Code
Austin TX 78749

Amount of contribution (\$)
\$50.00

Principal occupation / Job title (See Instructions)
PT

Employer (See Instructions)
Self Employed

Date
9/28/2020

Full name of contributor out-of-state PAC (ID#: _____)
Simpson, Chris
Contributor address; City; State; Zip Code
Austin TX 78702

Amount of contribution (\$)
\$40.00

Principal occupation / Job title (See Instructions)
Musician

Employer (See Instructions)
Self Employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

9/29/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Felix, Lionel
6 Contributor address; City; State; Zip Code
Austin TX 78731

7 Amount of contribution (\$)
\$250.00

8 Principal occupation / Job title (See Instructions)
CEO

9 Employer (See Instructions)
Felix Media Solutions

Date

9/29/2020

Full name of contributor out-of-state PAC (ID#: _____)
Garza, Kim
Contributor address; City; State; Zip Code
Austin TX 78752

Amount of contribution (\$)
\$250.00

Principal occupation / Job title (See Instructions)
Professor

Employer (See Instructions)
St. Edward's University

Date

9/29/2020

Full name of contributor out-of-state PAC (ID#: _____)
Maddux, Kenley
Contributor address; City; State; Zip Code
Austin TX 78756

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
State of Texas

Date

9/29/2020

Full name of contributor out-of-state PAC (ID#: _____)
Rios, Janice
Contributor address; City; State; Zip Code
Austin TX 78754

Amount of contribution (\$)
\$20.00

Principal occupation / Job title (See Instructions)
Project Manager

Employer (See Instructions)
Randolph Air Force Base

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

9/29/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Tilton, Carmen
6 Contributor address; City; State; Zip Code
Austin TX 78722

7 Amount of contribution (\$)

\$263.47

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/29/2020

Full name of contributor out-of-state PAC (ID#: _____)
McKiernan-Gonzalez, John
Contributor address; City; State; Zip Code
Austin TX 78741

Amount of contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)
Teacher

Employer (See Instructions)
Texas State University

Date

9/29/2020

Full name of contributor out-of-state PAC (ID#: _____)
Rodriguez, Marc
Contributor address; City; State; Zip Code
Austin TX 78701

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)
Lobbyist

Employer (See Instructions)
Self Employed

Date

9/29/2020

Full name of contributor out-of-state PAC (ID#: _____)
Beavers, Jamie
Contributor address; City; State; Zip Code
Lorena TX 76655

Amount of contribution (\$)

\$75.00

Principal occupation / Job title (See Instructions)
Teacher

Employer (See Instructions)
MISD

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

9/29/2020

5 Full name of contributor

Mitchell, Jessica

out-of-state PAC (ID#: _____)

6 Contributor address;

City;
Austin

State; Zip Code
TX

7 Amount of contribution (\$)

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/29/2020

Full name of contributor

Chanpheng, Jiraporn

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX 78736

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

Homemaker

Date

9/30/2020

Full name of contributor

LiUNA

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/2020

Full name of contributor

Heidi Gibbons

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date
9/30/2020

5 Full name of contributor out-of-state PAC (ID#: _____)

Howell, Sula

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code

Austin TX 78756

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date
9/30/2020

Full name of contributor out-of-state PAC (ID#: _____)

Ragsdale, Randi

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

Austin TX 78745

Principal occupation / Job title (See Instructions)
Marketing Manager

Employer (See Instructions)
UT

Date
9/30/2020

Full name of contributor out-of-state PAC (ID#: _____)

Titcombe, Donald

Amount of contribution (\$)

\$20.00

Contributor address; City; State; Zip Code

Houston TX 77025

Principal occupation / Job title (See Instructions)
Senior Program Manager

Employer (See Instructions)
Rockwell Fund, Inc

Date
9/30/2020

Full name of contributor out-of-state PAC (ID#: _____)

Goble, Elizabeth

Amount of contribution (\$)

\$20.00

Contributor address; City; State; Zip Code

Austin TX 78748

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

10/1/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Moffat, Susan
6 Contributor address; City; State; Zip Code
Austin TX 78751

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)
Editor

9 Employer (See Instructions)
Self Employed

Date

10/1/2020

Full name of contributor out-of-state PAC (ID#: _____)
Salazar, Rita
Contributor address; City; State; Zip Code
Austin TX 78745

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)
Retire

Employer (See Instructions)
Retired

Date

10/1/2020

Full name of contributor out-of-state PAC (ID#: _____)
Sease, James
Contributor address; City; State; Zip Code
Austin TX 78731

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)
Sales

Employer (See Instructions)
Self Employed

Date

10/1/2020

Full name of contributor out-of-state PAC (ID#: _____)
Abbas Hall, Sheerin
Contributor address; City; State; Zip Code
Austin TX 78741

Amount of contribution (\$)

\$15.00

Principal occupation / Job title (See Instructions)
Therapist

Employer (See Instructions)
Sheerin Abbas Hall LCSW PLLC

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

10/1/2020

5 Full name of contributor

Abbas Hall, Sheerin

out-of-state PAC (ID#: _____)

6 Contributor address;

City;
Austin

State; Zip Code
TX 78741

7 Amount of contribution (\$)

\$20.00

8 Principal occupation / Job title (See Instructions)

Therapist

9 Employer (See Instructions)

Sheerin Abbas Hall LCSW PLLC

Date

10/1/2020

Full name of contributor

Daly-Lesch, Anne

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX 78748

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

UT

Date

10/1/2020

Full name of contributor

Christian, Elizabeth

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX 78701

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Designer

Employer (See Instructions)

Self Employed

Date

10/1/2020

Full name of contributor

Mason, Step

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Dickinson Wright PLLC

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

10/2/2020

5 Full name of contributor

Bryant, Cynthia

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

Austin

State; Zip Code

TX 78705

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

10/2/2020

Full name of contributor

Enis, Jacob

out-of-state PAC (ID#: _____)

Contributor address;

City;

Austin

State; Zip Code

TX 78745

Amount of contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)

Pharmacist

Employer (See Instructions)

Texas Oncology

Date

10/2/2020

Full name of contributor

Tally, Rusty

out-of-state PAC (ID#: _____)

Contributor address;

City;

Austin

State; Zip Code

TX 78701

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Wealth Advisor

Employer (See Instructions)

UBS

Date

10/2/2020

Full name of contributor

Hargis, Melissa

out-of-state PAC (ID#: _____)

Contributor address;

City;

Austin

State; Zip Code

TX 78765

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Texas Attorney General

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

10/2/2020

5 Full name of contributor

Wright, Rashida

out-of-state PAC (ID#: _____)

6 Contributor address;

City;
Austin

State; Zip Code
TX 78744

7 Amount of contribution (\$)

\$10.00

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Vitamin B Cosmetic

Date

10/3/2020

Full name of contributor

Beaty, Roberto

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX 78736

Amount of contribution (\$)

\$30.00

Principal occupation / Job title (See Instructions)

Administrator

Employer (See Instructions)

State of Texas

Date

10/3/2020

Full name of contributor

Hussaini, Muna

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX 78759

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

Indeed

Date

10/3/2020

Full name of contributor

Seeboth, Natalie

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX

Amount of contribution (\$)

\$52.95

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Paramount and Stateside Theatres

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date
10/4/2020

5 Full name of contributor out-of-state PAC (ID#: _____)

Ballard, James

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
Austin TX 78703

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date
10/4/2020

Full name of contributor out-of-state PAC (ID#: _____)

Hamilton, Riley

Amount of contribution (\$)
\$18.00

Contributor address; City; State; Zip Code
Austin TX 78739

Principal occupation / Job title (See Instructions)
Environmental Educator

Employer (See Instructions)
City of Austin

Date
10/4/2020

Full name of contributor out-of-state PAC (ID#: _____)

Gray, Michael

Amount of contribution (\$)
\$30.00

Contributor address; City; State; Zip Code
Austin TX 78723

Principal occupation / Job title (See Instructions)
Director

Employer (See Instructions)
State of Texas

Date
10/5/2020

Full name of contributor out-of-state PAC (ID#: _____)

Brauner, Sarah

Amount of contribution (\$)
\$26.63

Contributor address; City; State; Zip Code
Austin TX

Principal occupation / Job title (See Instructions)
Invoice Audit Supervisor

Employer (See Instructions)
GSD&M

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

10/5/2020

5 Full name of contributor

Garibay, Montserrat

out-of-state PAC (ID#: _____)

6 Contributor address;

City;
Austin

State; Zip Code
TX 78758

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

Secretary Treasurer

9 Employer (See Instructions)

Texas AFL-CIO

Date

10/6/2020

Full name of contributor

Yeager, Laura

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX 78705

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Self Employed

Date

10/6/2020

Full name of contributor

Bizer, Elana

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX 78751

Amount of contribution (\$)

\$30.00

Principal occupation / Job title (See Instructions)

Social Worker

Employer (See Instructions)

University of Texas

Date

10/7/2020

Full name of contributor

McGufficke, Megan

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX 78702

Amount of contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)

Policy Consultant

Employer (See Instructions)

Texas Association of School Boards

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

10/8/2020

5 Full name of contributor

Weeks, Allen

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

7 Amount of contribution (\$)

\$52.95

8 Principal occupation / Job title (See Instructions)

Executive Director

9 Employer (See Instructions)

Austin Voices for Education and Youth

Date

10/8/2020

Full name of contributor

Riegel, Daniel

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Richards Rodriguez & Skeith LLP

Date

10/8/2020

Full name of contributor

Porter, Moira

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

105.58

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

UT

Date

10/9/2020

Full name of contributor

Embree-Lowry, Laura

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Austin

TX 78722

Amount of contribution (\$)

\$40.00

Principal occupation / Job title (See Instructions)

Editorial Assistant

Employer (See Instructions)

American Immigration Lawyers Association

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

10/9/2020

5 Full name of contributor

Luna, Jennifer

out-of-state PAC (ID#: _____)

6 Contributor address;

City;
Austin

State; Zip Code
TX 78728

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

Social Work Education

9 Employer (See Instructions)

UT

Date

10/12/2020

Full name of contributor

McKiernan-Gonzalez, John

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX 78741

Amount of contribution (\$)

\$52.95

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Texas State University

Date

10/12/2020

Full name of contributor

Jaimes, Deisy

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX 78723

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

State of Texas

Date

10/12/2020

Full name of contributor

Madsen, Klaus

out-of-state PAC (ID#: _____)

Contributor address;

City;
Austin

State; Zip Code
TX 78768

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Public Health Consultant

Employer (See Instructions)

Klaus Madaen Health Solutions

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date
10/12/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Fischer, Lisa
6 Contributor address; City; State; Zip Code
Austin TX 78748

7 Amount of contribution (\$)
\$10.00

8 Principal occupation / Job title (See Instructions)
Yoga Teacher

9 Employer (See Instructions)
Pure Bikram Yoga

Date
10/12/2020

Full name of contributor out-of-state PAC (ID#: _____)
Wolfe, Katie
Contributor address; City; State; Zip Code
Austin TX 78702

Amount of contribution (\$)
\$20.00

Principal occupation / Job title (See Instructions)
Social Worker

Employer (See Instructions)

Date
10/13/2020

Full name of contributor out-of-state PAC (ID#: _____)
Joyce Basciano
Contributor address; City; State; Zip Code
Austin TX 78766

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/13/2020

Full name of contributor out-of-state PAC (ID#: _____)
McKiernan-Gonzalez, John
Contributor address; City; State; Zip Code
Austin TX 78741

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)
Teacher

Employer (See Instructions)
Texas State University

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date
10/13/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Evans, Roxanne
 6 Contributor address; City; State; Zip Code
Austin TX 78723

7 Amount of contribution (\$)
\$52.95

8 Principal occupation / Job title (See Instructions)
Communications Professional

9 Employer (See Instructions)
Evans Communications Ltd

Date
10/13/2020

Full name of contributor out-of-state PAC (ID#: _____)
Education Austin
 Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$10,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/13/2020

Full name of contributor out-of-state PAC (ID#: _____)
Fox, Shaleiah
 Contributor address; City; State; Zip Code
Austin TX 78723

Amount of contribution (\$)
\$20.00

Principal occupation / Job title (See Instructions)
Director

Employer (See Instructions)
UT

Date
10/14/2020

Full name of contributor out-of-state PAC (ID#: _____)
Somers, Susan
 Contributor address; City; State; Zip Code
Austin TX 78758

Amount of contribution (\$)
\$26.63

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

10/14/2020

Wine, Kim

\$10.84

6 Contributor address;

City;
Austin

State; Zip Code
TX 78723

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10/15/2020

Woodward, Clare

\$105.58

Contributor address;

City;
Austin

State; Zip Code
TX 78741

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10/15/2020

Littler, Sarah

\$50.00

Contributor address;

City;
Austin

State; Zip Code
TX 78723

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Development/Fundraising

Seedling

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10/15/2020

Robinson Parks, Shuronda

\$50.00

Contributor address;

City;
Austin

State; Zip Code
TX 78721

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Public Relations

Adisa Communications

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

10/15/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Gonzales, Lawrence

6 Contributor address; City; State; Zip Code
Kyle TX 78640

7 Amount of contribution (\$)

\$20.00

8 Principal occupation / Job title (See Instructions)
Trainer

9 Employer (See Instructions)
State of Texas

Date

10/15/2020

Full name of contributor out-of-state PAC (ID#: _____)
Collins, Elton

Contributor address; City; State; Zip Code
Austin TX 78745

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

10/15/2020

Full name of contributor out-of-state PAC (ID#: _____)
Duran, Carmen

Contributor address; City; State; Zip Code
Bastrop TX 78602

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

10/15/2020

Full name of contributor out-of-state PAC (ID#: _____)
Clarke, Linda

Contributor address; City; State; Zip Code
Austin TX 78749

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)
Professor

Employer (See Instructions)
Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

10/16/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Vera, Josie
6 Contributor address; City; State; Zip Code
Austin TX 78702

7 Amount of contribution (\$)

\$20.00

8 Principal occupation / Job title (See Instructions)
Homemaker

9 Employer (See Instructions)
Homemaker

Date

10/16/2020

Full name of contributor out-of-state PAC (ID#: _____)
Umberger, LCSW, Tom
Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$105.58

Principal occupation / Job title (See Instructions)
Mental Health Counselor

Employer (See Instructions)
Family Eldercare

Date

10/18/2020

Full name of contributor out-of-state PAC (ID#: _____)
Greenleaf, Samantha
Contributor address; City; State; Zip Code
Austin TX 78757

Amount of contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)
Teacher

Employer (See Instructions)
AISD

Date

10/19/2020

Full name of contributor out-of-state PAC (ID#: _____)
Freeman Family
Contributor address; City; State; Zip Code
Austin TX 78704

Amount of contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)
Unemployed

Employer (See Instructions)
Unemployed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date
10/19/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
McLeod, Patricia
6 Contributor address; City; State; Zip Code
Austin TX 78748

7 Amount of contribution (\$)
\$105.58

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/20/2020

Full name of contributor out-of-state PAC (ID#: _____)
Turner, Scott
Contributor address; City; State; Zip Code
Austin TX 78731

Amount of contribution (\$)
\$10.00

Principal occupation / Job title (See Instructions)
Home Builder

Employer (See Instructions)
Self Employed

Date
10/20/2020

Full name of contributor out-of-state PAC (ID#: _____)
Pompa-Rodriguez, Toni
Contributor address; City; State; Zip Code
Houston TX 77042

Amount of contribution (\$)
\$20.00

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
10/20/2020

Full name of contributor out-of-state PAC (ID#: _____)
Martinson, Erin
Contributor address; City; State; Zip Code
Austin TX 78751

Amount of contribution (\$)
\$25.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Texas RioGrande Legal Aid

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Metzger, Luke
6 Contributor address; City; State; Zip Code
Austin TX 78702

7 Amount of contribution (\$)

\$25.00

8 Principal occupation / Job title (See Instructions)
Executive

9 Employer (See Instructions)
Environment Texas

Date

10/21/2020

Full name of contributor out-of-state PAC (ID#: _____)
Garza, Kim
Contributor address; City; State; Zip Code
Austin TX 78752

Amount of contribution (\$)

\$150.00

Principal occupation / Job title (See Instructions)
Professor

Employer (See Instructions)
St. Edward's University

Date

10/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Nelson, Robin
Contributor address; City; State; Zip Code
Austin TX 78748

Amount of contribution (\$)

\$18.00

Principal occupation / Job title (See Instructions)
Executive Assistant

Employer (See Instructions)
Office of the Attorney General

Date

10/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Ellison, Shana
Contributor address; City; State; Zip Code
Austin TX 78757

Amount of contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date
10/23/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Cooper, Andee
6 Contributor address; City; State; Zip Code
Austin TX 78753

7 Amount of contribution (\$)
\$21.37

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/24/2020

Full name of contributor out-of-state PAC (ID#: _____)
Krcmarik, Timothy
Contributor address; City; State; Zip Code
Austin TX 78702

Amount of contribution (\$)
\$26.63

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 9/28/2020	5 Payee name Gusto	
6 Amount (\$) \$250.04	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/28/2020	Payee name Gusto	
Amount (\$) \$774.11	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/02/2020	Payee name NGP VAN INC	
Amount (\$) \$162.38	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 10/02/2020	5 Payee name Gusto	
6 Amount (\$) \$26.65	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fess	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/05/2020	Payee name La Voz	
Amount (\$) \$225.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/05/2020	Payee name Gusto	
Amount (\$) \$250.08	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 10/05/2020	5 Payee name Gusto	
6 Amount (\$) \$774.09	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/06/2020	Payee name TWC	
Amount (\$) \$102.69	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/07/2020	Payee name ZippityPrint	
Amount (\$) \$3,217.38	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 10/09/2020	5 Payee name Austin Chronicle	
6 Amount (\$) \$825.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/09/2020	Payee name Gusto	
Amount (\$) \$250.04	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/09/2020	Payee name Gusto	
Amount (\$) \$774.11	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 10/10/2020	5 Payee name Zippity Print	
6 Amount (\$) \$1,316.89	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date \$1,800.00	Payee name La Prensa	
Amount (\$) \$1,802.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 10/16/2020	Payee name Austin Chronicle	
Amount (\$) \$825.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 10/17/2020	5 Payee name Office Depot	
6 Amount (\$) \$140.65	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/19/2020	Payee name Gusto	
Amount (\$) \$247.75	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/19/2020	Payee name Gusto	
Amount (\$) \$774.10	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 10/19/2020	5 Payee name Office Depot	
6 Amount (\$) \$551.91	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/20/2020	Payee name Texas Democratic Party	
Amount (\$) \$466.67	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description VAN
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name DonateWay	
Amount (\$) \$123.69	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder