

# 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:

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mrs.</b>	FIRST <b>Noelita</b>	MI	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST <b>Lugo</b>	SUFFIX		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;		CITY;	STATE;	ZIP CODE
	<b>P.O. Box 1192</b>		<b>Manchaca, Texas</b>	<b>78748</b>	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(512 )</b>	PHONE NUMBER <b>627-8960</b>	EXTENSION		
	Date Hand-delivered or Date Postmarked				
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Reedy</b>	MI	Receipt #	Amount \$
	NICKNAME	LAST <b>Springer, III</b>	SUFFIX	Date Processed	
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	ZIP CODE
	<b>6605 Cairsbroke Lane</b>		<b>Austin</b>	<b>TX</b>	<b>78754</b>
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE <b>( 737 )</b>	PHONE NUMBER <b>203-1113</b>	EXTENSION		
	Date Imaged				
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
<b>10</b> PERIOD COVERED	Month <b>7</b>	Day <b>1</b>	Year <b>2020</b>	THROUGH	Month <b>9</b> / Day <b>24</b> / Year <b>2020</b>
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE		
	Month <b>11</b>	Day <b>3</b>	Year <b>2020</b>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	<input type="checkbox"/> Other Description
<b>12</b> OFFICE	OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known)		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>14</b> C/OH NAME	<b>15</b> Filer ID (Ethics Commission Filers)
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<b>16</b> NOTICE FROM POLITICAL COMMITTEE(S)	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.	
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 32,437.10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 5,717.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 26,719.98
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

# 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	\$ 23,377.10
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 9,060.00
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	\$ 5,717.12
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

08/02/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Brody-Wilcox, Gillian**

**7** Amount of contribution (\$)

\$26.63

**6** Contributor address; City; State; Zip Code  
 Austin TX 78722

**8** Principal occupation / Job title (See Instructions)

Information Requested

**9** Employer (See Instructions)

Information Requested

Date

08/02/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Reed, Carolynn**

Amount of contribution (\$)

\$52.95

Contributor address; City; State; Zip Code  
 Austin TX 78702

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

Austin Community College

Date

08/02/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mims, Nancy**

Amount of contribution (\$)

\$131.89

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Artist

Employer (See Instructions)

Self Employed

Date

08/02/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Yeager, Laura**

Amount of contribution (\$)

\$526.63

Contributor address; City; State; Zip Code  
 Austin TX 78705

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

Just Fund It

**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

08/03/2020

**5** Full name of contributor

Riegel, Daniel

out-of-state PAC (ID#: \_\_\_\_\_)

**7** Amount of contribution (\$)

\$52.95

**6** Contributor address;

City; State; Zip Code

Austin TX 78704

**8** Principal occupation / Job title (See Instructions)

Lawyer

**9** Employer (See Instructions)

Richards Rodriguez & Skeith LLP

Date

08/04/2020

Full name of contributor

Gonzales, Lawrence

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$26.63

Contributor address;

City; State; Zip Code

Kyle TX 78640

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

Date

08/12/2020

Full name of contributor

Chan, Karen

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$105.58

Contributor address;

City; State; Zip Code

Houston TX 77088

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

Date

08/12/2020

Full name of contributor

Mansuri, Lisa Layla

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

Austin TX 78723

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

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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  
08/12/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Martinez, Eugenia**

**7** Amount of contribution (\$)  
**\$52.95**

**6** Contributor address; City; State; Zip Code  
**Calabasas CA 91302**

**8** Principal occupation / Job title (See Instructions)  
**Information Requested**

**9** Employer (See Instructions)  
**Information Requested**

Date  
08/12/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Carroll, Christy**

Amount of contribution (\$)  
**\$52.95**

Contributor address; City; State; Zip Code  
**Austin TX 78704**

Principal occupation / Job title (See Instructions)  
**Senior Product Designer**

Employer (See Instructions)  
**Funsize**

Date  
08/12/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Pires, Angela**

Amount of contribution (\$)  
**\$20.00**

Contributor address; City; State; Zip Code  
**Austin TX 78702**

Principal occupation / Job title (See Instructions)  
**Film Editor**

Employer (See Instructions)  
**Self-Employed**

Date  
08/12/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Johnston, Elizabeth**

Amount of contribution (\$)  
**\$105.58**

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

Principal occupation / Job title (See Instructions)  
**Environmental Coordinator**

Employer (See Instructions)  
**City of Austin**

**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  
08/12/2020

5 Full name of contributor  
Clark, April  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)  
26.63

6 Contributor address; City: Austin State: TX Zip Code 78701

8 Principal occupation / Job title (See Instructions)  
Architect

9 Employer (See Instructions)  
Clark I Richardson Architects

Date  
08/12/2020

Full name of contributor  
Hargis, Melissa  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)  
263.47

Contributor address; City: Austin State: TX Zip Code 78765

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

Date  
08/12/2020

Full name of contributor  
Lees, Jon  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)  
52.95

Contributor address; City: Austin State: TX Zip Code 78704

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

Date  
08/12/2020

Full name of contributor  
Rocha, Melissa  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)  
5.58

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

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

**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

08/12/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**McKiernan-Gonzalez, John**

**7** Amount of contribution (\$)

\$52.95

**6** Contributor address; City; State; Zip Code  
**Austin TX 78741**

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

**9** Employer (See Instructions)  
**Texas State University**

Date

08/13/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Nelson, Robin**

Amount of contribution (\$)

\$19.26

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

Principal occupation / Job title (See Instructions)  
**Executive Assistant**

Employer (See Instructions)  
**Office of the Attorney General**

Date

08/13/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Hayes, Kate**

Amount of contribution (\$)

\$105.58

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)  
**UT**

Date

08/13/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Evans, Roxanne**

Amount of contribution (\$)

\$52.95

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

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

Employer (See Instructions)  
**Evans Communications**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:

**2** FILER NAME

**3** Filer ID (Ethics Commission Filers)

**4** Date

08/13/2020

**5** Full name of contributor  
Slater, Keri

out-of-state PAC (ID#: \_\_\_\_\_)

**7** Amount of contribution (\$)

\$100.00

**6** Contributor address;

City; State; Zip Code  
Austin TX 78702

**8** Principal occupation / Job title (See Instructions)

Project Manager

**9** Employer (See Instructions)

Iron Mountain

Date

08/14/2020

Full name of contributor  
Peters, Jennifer

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$26.63

Contributor address;

City; State; Zip Code  
Austin TX 78721

Principal occupation / Job title (See Instructions)

Small business

Employer (See Instructions)

TAHI PLLC

Date

08/14/2020

Full name of contributor  
Griffin, Jillian

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$42.42

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

Date

08/14/2020

Full name of contributor  
Nelson, Piper Stege

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$105.58

Contributor address;

City; State; Zip Code  
Austin TX 78705

Principal occupation / Job title (See Instructions)

Information Requested

Employer (See Instructions)

Information Requested

**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

08/14/2020

**5** Full name of contributor  
Somers, Susan

out-of-state PAC (ID#: \_\_\_\_\_)

**7** Amount of contribution (\$)

\$26.63

**6** Contributor address;

City; State; Zip Code  
Austin TX 78758

**8** Principal occupation / Job title (See Instructions)  
Information Requested

**9** Employer (See Instructions)  
Information Requested

Date

08/16/2020

Full name of contributor  
Flores, Lisa

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$10.84

Contributor address;

City; State; Zip Code  
Austin TX 78723

Principal occupation / Job title (See Instructions)  
Advocacy Specialist

Employer (See Instructions)  
Easterseals Tx

Date

08/17/2020

Full name of contributor  
Maddux, Kenley

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code  
Austin TX 78756

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
State of Texas

Date

08/17/2020

Full name of contributor  
Sands, Allison

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$31.89

Contributor address;

City; State; Zip Code  
Austin TX 78748

Principal occupation / Job title (See Instructions)  
Teaching Assistant

Employer (See Instructions)  
Austin ISD

**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

08/17/2020

**5** Full name of contributor  
Rios, Janice

out-of-state PAC (ID#: \_\_\_\_\_)

**7** Amount of contribution (\$)

\$26.63

**6** Contributor address;

City; State; Zip Code  
Austin TX 78754

**8** Principal occupation / Job title (See Instructions)

Project Manager

**9** Employer (See Instructions)

Randolph Air Force Base

Date

08/17/2020

Full name of contributor  
Sparks, Adam

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$52.95

Contributor address;

City; State; Zip Code  
Austin TX 78722

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Sofia Travel Company

Date

08/19/2020

Full name of contributor  
Bustamante, Monika

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$31.89

Contributor address;

City; State; Zip Code  
Austin TX 78702

Principal occupation / Job title (See Instructions)

Senior Manager

Employer (See Instructions)

Content Strategy & Creative at BMC

Date

08/19/2020

Full name of contributor  
Harshman, Dusty

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$26.63

Contributor address;

City; State; Zip Code  
Austin TX 78723

Principal occupation / Job title (See Instructions)

Information Requested

Employer (See Instructions)

Information Requested

**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  
08/19/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Sterne, Valerie

**7** Amount of contribution (\$)  
\$316.11

**6** Contributor address; City; State; Zip Code  
Austin TX 78757

**8** Principal occupation / Job title (See Instructions)  
Information Requested

**9** Employer (See Instructions)  
Information Requested

Date  
08/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Hayes, Michael

Amount of contribution (\$)

\$105.58

Contributor address; City; State; Zip Code  
Colorado Springs CO 80909

Principal occupation / Job title (See Instructions)  
Administrator

Employer (See Instructions)  
Federal government

Date  
08/21/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Fisher, Lisa

Amount of contribution (\$)

\$105.58

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

Principal occupation / Job title (See Instructions)  
Yoga Teacher

Employer (See Instructions)  
Pure Bikram Yoga

Date  
08/21/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Chapman, Terrence

Amount of contribution (\$)

\$26.63

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

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

**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

08/23/2020

**5** Full name of contributor  
Garaña, Kristine

out-of-state PAC (ID#: \_\_\_\_\_)

**7** Amount of contribution (\$)

\$52.95

**6** Contributor address;

City;

State;

Zip Code

Austin

TX

78702

**8** Principal occupation / Job title (See Instructions)  
Information Requested

**9** Employer (See Instructions)  
Information Requested

Date

08/23/2020

Full name of contributor  
Beh, Eugenia

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

10.84

Contributor address;

City;

State;

Zip Code

Arlington

MA

02476

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

Date

08/23/2020

Full name of contributor  
Cooper, Andee

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$21.37

Contributor address;

City;

State;

Zip Code

Austin

TX

78753

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

Date

08/24/2020

Full name of contributor  
Blackman, Leslie Alyse

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

Austin

TX

78749

Principal occupation / Job title (See Instructions)  
Realtor

Employer (See Instructions)  
Self Employed

**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

08/24/2020

5 Full name of contributor

Krcmarik, Timothy

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$26.63

6 Contributor address;

City;

State;

Zip Code

Austin

TX

78702

8 Principal occupation / Job title (See Instructions)  
Information Requested

9 Employer (See Instructions)  
Information Requested

Date

08/24/2020

Full name of contributor

Hokanson, Kim

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$26.63

Contributor address;

City;

State;

Zip Code

Newton Upper Falls

MA

02464

Principal occupation / Job title (See Instructions)  
Adjunct Professor

Employer (See Instructions)  
Smith College School for Social Work

Date

08/24/2020

Full name of contributor

Flores, Manuel

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$79.26

Contributor address;

City;

State;

Zip Code

Austin

TX

78758

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

Date

08/24/2020

Full name of contributor

Petty, Robin

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$26.63

Contributor address;

City;

State;

Zip Code

Katy

TX

77493

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

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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  
08/24/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Garza, Kim

7 Amount of contribution (\$)   
\$263.47

6 Contributor address; City; State; Zip Code  
Austin TX 78752

8 Principal occupation / Job title (See Instructions)  
Professor

9 Employer (See Instructions)  
St. Edward's University

Date  
08/25/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ruffner, Thomas

Amount of contribution (\$)   
\$79.26

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

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

Date  
08/25/2020

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

Amount of contribution (\$)   
\$26.63

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

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

Employer (See Instructions)  
KIPP Texas Public Schools

Date  
08/26/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Clayton, Robert

Amount of contribution (\$)   
\$105.58

Contributor address; City; State; Zip Code  
Austin TX 78704

Principal occupation / Job title (See Instructions)  
Database Administrator

Employer (See Instructions)  
City of Austin

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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  
08/26/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Snee, Jody

7 Amount of contribution (\$)  
\$105.58

6 Contributor address; City; State; Zip Code  
Austin TX 78702

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

9 Employer (See Instructions)  
Texas DFPS Prevention & Early Intervention

Date  
08/26/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Harrington, Jim

Amount of contribution (\$)  
\$52.95

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

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

Date  
08/26/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Weller, Travis

Amount of contribution (\$)  
\$105.58

Contributor address; City; State; Zip Code  
Austin TX 78702

Principal occupation / Job title (See Instructions)  
Composer, performer, & instrument builder

Employer (See Instructions)  
New Music USA

Date  
08/27/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Rocha, Melissa

Amount of contribution (\$)  
\$10.84

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

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

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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  
08/28/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Sprinks, Jennifer

**7** Amount of contribution (\$)  
\$26.63

**6** Contributor address; City; State; Zip Code  
Austin TX 78702

**8** Principal occupation / Job title (See Instructions)  
Information Requested

**9** Employer (See Instructions)  
Information Requested

Date  
08/28/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Townsend, Judy

Amount of contribution (\$)

\$210.84

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

Principal occupation / Job title (See Instructions)  
Sales Analyst

Employer (See Instructions)  
Cirrus Logic

Date  
08/29/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Sweet, Carolina

Amount of contribution (\$)

\$105.58

Contributor address; City; State; Zip Code  
Austin TX 78744

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

Date  
08/29/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Boswell, Lynn

Amount of contribution (\$)

\$105.58

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

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

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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  
08/29/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Boswell, Lynn

**7** Amount of contribution (\$)  
\$105.58

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

**8** Principal occupation / Job title (See Instructions)  
Information Requested

**9** Employer (See Instructions)  
Information Requested

Date  
08/31/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Woodroffe, Teresa

Amount of contribution (\$)  
\$105.58

Contributor address; City; State; Zip Code  
Austin TX 78702

Principal occupation / Job title (See Instructions)  
Writer

Employer (See Instructions)  
Self Employed

Date  
08/31/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Wuster, Tracy

Amount of contribution (\$)  
\$105.58

Contributor address; City; State; Zip Code  
Austin TX 78758

Principal occupation / Job title (See Instructions)  
Professor

Employer (See Instructions)  
UT

Date  
08/31/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Landers, Monica

Amount of contribution (\$)  
\$52.95

Contributor address; City; State; Zip Code  
Austin TX 78731

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

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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  
08/31/2020

5 Full name of contributor  
Daemmrch, Janis

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)  
\$52.95

6 Contributor address; City; State; Zip Code  
Austin TX 78701

8 Principal occupation / Job title (See Instructions)  
Information Requested

9 Employer (See Instructions)  
Information Requested

Date  
08/31/2020

Full name of contributor  
McLeod, Patricia

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$263.47

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

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

Date  
08/31/2020

Full name of contributor  
Gendron, Christine

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code  
Austin TX 78721

Principal occupation / Job title (See Instructions)  
Executive Director

Employer (See Instructions)  
Texas Network of Youth Services

Date  
09/01/2020

Full name of contributor  
Garrett, Lacey

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$26.63

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

Principal occupation / Job title (See Instructions)  
Teacher

Employer (See Instructions)  
The Rise School of Austin

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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  
09/01/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Garrett, Patrick**

**7** Amount of contribution (\$)  
\$26.63

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

**8** Principal occupation / Job title (See Instructions)  
Information Requested

**9** Employer (See Instructions)  
Information Requested

Date  
09/01/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Thompson Sr., Kenneth**

Amount of contribution (\$)  
\$26.63

Contributor address; City; State; Zip Code  
Austin TX 78753

Principal occupation / Job title (See Instructions)  
Radio Talk Show Host

Employer (See Instructions)  
KENNETH D THOMPSON

Date  
09/01/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Fuentes, Diana**

Amount of contribution (\$)  
\$105.58

Contributor address; City; State; Zip Code  
Austin TX 78702

Principal occupation / Job title (See Instructions)  
Bookkeeper

Employer (See Instructions)  
Tax Trailer

Date  
09/02/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Shira, Joan**

Amount of contribution (\$)  
\$105.58

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

Principal occupation / Job title (See Instructions)  
Teacher

Employer (See Instructions)  
AISD

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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  
09/02/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Wegmann, Karen

**7** Amount of contribution (\$)  
\$52.95

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

**8** Principal occupation / Job title (See Instructions)  
Information Requested

**9** Employer (See Instructions)  
Information Requested

Date  
09/03/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Louie, Chawntal

Amount of contribution (\$)

\$105.58

Contributor address; City; State; Zip Code  
Austin TX 78721

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

Date  
09/03/2020

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

Amount of contribution (\$)

\$26.63

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

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

Date  
09/03/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Vanwart, Bill

Amount of contribution (\$)

\$158.21

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

Principal occupation / Job title (See Instructions)  
Director of Software

Employer (See Instructions)  
GrayWolf Sensing Solution

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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  
09/03/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Smith, Douglas**  
**6** Contributor address; City; State; Zip Code

**7** Amount of contribution (\$)  
**\$52.95**

**8** Principal occupation / Job title (See Instructions)  
**Senior Criminal Justice Coalition**

**9** Employer (See Instructions)  
**Senior Policy Analyst**

Date  
09/03/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Trevino, Afton**  
Contributor address; City; State; Zip Code  
**Buda TX**

Amount of contribution (\$)  
**\$79.26**

Principal occupation / Job title (See Instructions)  
**Attorney**

Employer (See Instructions)  
**City of Austin**

Date  
09/03/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Squires, Debra**  
Contributor address; City; State; Zip Code  
**Austin TX 78722**

Amount of contribution (\$)  
**\$105.58**

Principal occupation / Job title (See Instructions)  
**Information Requested**

Employer (See Instructions)  
**Information Requested**

Date  
09/04/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Woodruff, Candice**  
Contributor address; City; State; Zip Code  
**Austin TX 78759**

Amount of contribution (\$)  
**\$105.58**

Principal occupation / Job title (See Instructions)  
**Information Requested**

Employer (See Instructions)  
**Information Requested**

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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

09/05/2020

**5** Full name of contributor

Riegel, Daniel

out-of-state PAC (ID#: \_\_\_\_\_)

**7** Amount of contribution (\$)

\$105.58

**6** Contributor address;

City;  
Austin

State;  
TX

Zip Code  
78704

**8** Principal occupation / Job title (See Instructions)

Lawyer

**9** Employer (See Instructions)

Richards Rodriguez & Skeith LLP

Date

09/06/2020

Full name of contributor

Corder, Daphne

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$26.63

Contributor address;

City;  
Austin

State;  
TX

Zip Code  
78759

Principal occupation / Job title (See Instructions)

Dyslexia Specialist

Employer (See Instructions)

Date

09/06/2020

Full name of contributor

Sease, Jim

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$52.95

Contributor address;

City;  
Austin

State;  
TX

Zip Code  
78731

Principal occupation / Job title (See Instructions)

Information Requested

Employer (See Instructions)

Information Requested

Date

09/06/2020

Full name of contributor

Sweet, Carolina

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$200.00

Contributor address;

City;  
Austin

State;  
TX

Zip Code  
78744

Principal occupation / Job title (See Instructions)

Information Requested

Employer (See Instructions)

Information Requested

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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  
09/08/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Tovo, Kathie**

**7** Amount of contribution (\$)  
**\$52.95**

**6** Contributor address; City; State; Zip Code  
**Austin TX 78705**

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
09/08/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Weeks, Allen**

Amount of contribution (\$)  
**\$52.95**

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)  
**Executive Director**

Employer (See Instructions)  
**Austin Voices for Education and Youth**

Date  
09/10/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Bulla, Dale**

Amount of contribution (\$)  
**\$25.00**

Contributor address; City; State; Zip Code  
**Austin TX 78750**

Principal occupation / Job title (See Instructions)  
**Information Requested**

Employer (See Instructions)  
**Information Requested**

Date  
09/10/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Rendon, Mary**

Amount of contribution (\$)  
**\$105.58**

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

Principal occupation / Job title (See Instructions)  
**Information Requested**

Employer (See Instructions)  
**Information Requested**

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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

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

7 Amount of contribution (\$)

09/11/2020

Medrano, Cassandra

\$50.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Government

Texas Workforce Commission

Date

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

Amount of contribution (\$)

09/11/2020

Guillory, Chia

\$20.00

Contributor address; City; State; Zip Code

Austin TX 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Designer

Self Employed

Date

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

Amount of contribution (\$)

09/11/2020

Peck, Megan

\$100.00

Contributor address; City; State; Zip Code

Austin TX 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Digital Asset Manager

YETI

Date

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

Amount of contribution (\$)

09/11/2020

Strickland, Buff

\$100.00

Contributor address; City; State; Zip Code

Austin TX 78723

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Self Employed

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  
09/11/2020

5 Full name of contributor  
King, David  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)  
\$250.00

6 Contributor address; City; State; Zip Code  
Austin TX 78704

8 Principal occupation / Job title (See Instructions)  
Retired

9 Employer (See Instructions)  
Retired

Date  
09/11/2020

Full name of contributor  
Singh, Arati  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
Austin TX 78735

Principal occupation / Job title (See Instructions)  
Educational Evaluator

Employer (See Instructions)  
Raise Achievement LLC

Date  
09/12/2020

Full name of contributor  
McKiernan-Gonzalez, John  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)  
\$52.95

Contributor address; City; State; Zip Code  
Austin TX 78741

Principal occupation / Job title (See Instructions)  
Teacher

Employer (See Instructions)  
Texas State University

Date  
09/12/2020

Full name of contributor  
Goble, Elizabeth  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)  
\$52.95

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  
09/12/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Bowers, Lauren**

7 Amount of contribution (\$)  
**\$50.00**

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

8 Principal occupation / Job title (See Instructions)  
**Marketing**

9 Employer (See Instructions)  
**YETI**

Date  
09/12/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Bendele, Marvin**

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**Austin TX 78722**

Principal occupation / Job title (See Instructions)  
**Education**

Employer (See Instructions)  
**UT**

Date  
09/12/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Dock, Steve**

Amount of contribution (\$)  
**\$50.00**

Contributor address; City; State; Zip Code  
**Austin TX 78722**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)  
**Retired**

Date  
09/12/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Guerra, Luis**

Amount of contribution (\$)  
**\$150.00**

Contributor address; City; State; Zip Code  
**Austin TX 78704**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)  
**Retired**

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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  
09/12/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Brinsmade, Louisa**

7 Amount of contribution (\$)  
**\$1,000.00**

6 Contributor address; City; State; Zip Code  
**Austin TX 78702**

8 Principal occupation / Job title (See Instructions)  
**Chief of Staff**

9 Employer (See Instructions)  
**City of Austin**

Date  
09/13/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Evans, Roxanne**

Amount of contribution (\$)  
**\$52.95**

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

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

Employer (See Instructions)  
**Evans Communications Ltd**

Date  
09/13/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**McKiernan-Gonzalez, John**

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**Austin TX 78741**

Principal occupation / Job title (See Instructions)  
**Teacher**

Employer (See Instructions)  
**Texas State University**

Date  
09/13/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Valenzuela, Angela**

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**Austin TX 78704**

Principal occupation / Job title (See Instructions)  
**Professor**

Employer (See Instructions)  
**UT**

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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  
09/14/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Johnston, Elizabeth

7 Amount of contribution (\$) \$100.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)  
Environmental Coordinator

9 Employer (See Instructions)  
City of Austin

Date  
09/14/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Heinrich, Allison

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code  
Austin TX 78757

Principal occupation / Job title (See Instructions)  
Political Consultant

Employer (See Instructions)  
Self-Employed

Date  
09/14/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Peters, Jennifer

Amount of contribution (\$) \$26.63

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

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

Date  
09/14/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Somers, Susan

Amount of contribution (\$) \$26.63

Contributor address; City; State; Zip Code  
Austin TX 78758

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

**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  
09/14/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Abrahams, Sarah**

**7** Amount of contribution (\$)  
**\$50.00**

**6** Contributor address; City; State; Zip Code  
**Austin TX 78759**

**8** Principal occupation / Job title (See Instructions)  
**Administrator**

**9** Employer (See Instructions)  
**Texas Department of Family and Protective Svcs**

Date  
09/14/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Sullivan, Maury**

Amount of contribution (\$)  
**\$20.00**

Contributor address; City; State; Zip Code  
**Austin TX 78751**

Principal occupation / Job title (See Instructions)  
**Consultant**

Employer (See Instructions)  
**Self Employed**

Date  
09/14/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Perri, Shannon**

Amount of contribution (\$)  
**\$100.00**

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

Principal occupation / Job title (See Instructions)  
**Marketing**

Employer (See Instructions)  
**Chris Perri Law**

Date  
09/15/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Bailey, Linda**

Amount of contribution (\$)  
**\$150.00**

Contributor address; City; State; Zip Code  
**Austin TX 78730**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)  
**Retired**

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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

09/15/2020

5 Full name of contributor

Nelson, Robin

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

City; State; Zip Code  
Austin TX 78748

8 Principal occupation / Job title (See Instructions)

Executive Assistant

9 Employer (See Instructions)

Office of the Attorney General

Date

09/15/2020

Full name of contributor

Clark, April

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$26.63

Contributor address;

City; State; Zip Code  
Austin TX 78701

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

Clark I Richardson Architects

Date

09/16/2020

Full name of contributor

Ellinor, Dan

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code  
Austin TX 78703

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

09/16/2020

Full name of contributor

Janes, Sara

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$52.95

Contributor address;

City; State; Zip Code  
Austin TX 78722

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  
09/16/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Benevelli, Tahira

**7** Amount of contribution (\$) **\$50.00**

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

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

**9** Employer (See Instructions)  
Self Employed

Date  
09/16/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Zander Mason, Diane

Amount of contribution (\$) **\$300.00**

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

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self Employed

Date  
09/17/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Thoorens, Sarah

Amount of contribution (\$) **\$50.00**

Contributor address; City; State; Zip Code  
Austin TX 78752

Principal occupation / Job title (See Instructions)  
Administrator

Employer (See Instructions)  
UT Austin

Date  
09/17/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Zeh, Lyria

Amount of contribution (\$) **\$50.00**

Contributor address; City; State; Zip Code  
Austin TX 78704

Principal occupation / Job title (See Instructions)  
Program Director

Employer (See Instructions)  
Michael & Susan Dell Foundation

**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  
09/18/2020

5 Full name of contributor  
Arellano, Manuel  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)   
\$10.00

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

8 Principal occupation / Job title (See Instructions)  
Analyst

9 Employer (See Instructions)  
Ascension

Date  
09/18/2020

Full name of contributor  
Sterling, Elissa  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)   
\$100.00

Contributor address; City; State; Zip Code  
Austin TX 78759

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

Date  
09/19/2020

Full name of contributor  
Webb, Carl  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)   
\$50.00

Contributor address; City; State; Zip Code  
Austin TX 78758

Principal occupation / Job title (See Instructions)  
Construction Worker

Employer (See Instructions)  
International Brotherhood of Electrical Workers

Date  
09/19/2020

Full name of contributor  
Chappel, Patricia  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)   
\$20.00

Contributor address; City; State; Zip Code  
Lexington TX 78947

Principal occupation / Job title (See Instructions)  
Deputy Clerk

Employer (See Instructions)  
Lee County

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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  
09/19/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Falcon, Whitney**

7 Amount of contribution (\$) **\$25.00**

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

8 Principal occupation / Job title (See Instructions)  
**Administrator**

9 Employer (See Instructions)  
**Mariposa Montessori School**

Date  
09/19/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Atkins, Sandra**

Amount of contribution (\$) **\$20.00**

Contributor address; City; State; Zip Code  
**Kileen TX 76549**

Principal occupation / Job title (See Instructions)  
**Workforce Specialist**

Employer (See Instructions)  
**Workforce Solutions of Central Texas**

Date  
09/19/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Moroney, Patricia P**

Amount of contribution (\$) **\$100.00**

Contributor address; City; State; Zip Code  
**Schertz TX 78154**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)  
**Retired**

Date  
09/19/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Barsalou, Patricia**

Amount of contribution (\$) **\$100.00**

Contributor address; City; State; Zip Code  
**Converse TX 78109**

Principal occupation / Job title (See Instructions)  
**Attorney**

Employer (See Instructions)  
**State of Texas**

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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  
09/20/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Pires, Angela**

7 Amount of contribution (\$) **\$50.00**

6 Contributor address; City; State; Zip Code  
**Austin TX 78702**

8 Principal occupation / Job title (See Instructions)  
**Film Editor**

9 Employer (See Instructions)  
**Self-Employed**

Date  
09/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Roselle, Susie**

Amount of contribution (\$) **\$100.00**

Contributor address; City; State; Zip Code  
**Austin TX 78751**

Principal occupation / Job title (See Instructions)  
**Graphic Designer**

Employer (See Instructions)  
**Self-Employed**

Date  
09/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Pringle, Susanne**

Amount of contribution (\$) **\$50.00**

Contributor address; City; State; Zip Code  
**Austin TX 78751**

Principal occupation / Job title (See Instructions)  
**Attorney**

Employer (See Instructions)

Date  
09/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Martinson, Erin**

Amount of contribution (\$) **\$26.63**

Contributor address; City; State; Zip Code  
**Austin TX 78751**

Principal occupation / Job title (See Instructions)  
**Information Requested**

Employer (See Instructions)  
**Information Requested**

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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  
09/20/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Flores, Lisa

7 Amount of contribution (\$) **\$20.00**

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

8 Principal occupation / Job title (See Instructions)  
Advocacy Specialist

9 Employer (See Instructions)  
Easterseals TX

Date  
09/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Trevino, Mary

Amount of contribution (\$) **\$263.47**

Contributor address; City; State; Zip Code  
Austin TX 78731

Principal occupation / Job title (See Instructions)  
Information Requested

Employer (See Instructions)  
Information Requested

Date  
09/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Muller, Chandra

Amount of contribution (\$) **\$100.00**

Contributor address; City; State; Zip Code  
Austin TX 78705

Principal occupation / Job title (See Instructions)  
Professor

Employer (See Instructions)  
UT

Date  
09/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Currens, Leslie

Amount of contribution (\$) **\$25.00**

Contributor address; City; State; Zip Code  
Austin TX 78750

Principal occupation / Job title (See Instructions)  
Software

Employer (See Instructions)  
BMC

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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  
09/20/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Eiserloh, Laurie**

**7** Amount of contribution (\$)  
**\$105.58**

**6** Contributor address; City; State; Zip Code

**8** Principal occupation / Job title (See Instructions)  
**Employment Team Leader, Assistant Co Attorney**

**9** Employer (See Instructions)  
**Travis County**

Date  
09/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Trahanovsky, Mary**

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**Austin TX 78751**

Principal occupation / Job title (See Instructions)  
**Tinkerer**

Employer (See Instructions)  
**Self**

Date  
09/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Cavanagh, Shannon**

Amount of contribution (\$)  
**\$75.00**

Contributor address; City; State; Zip Code  
**Austin TX 78751**

Principal occupation / Job title (See Instructions)  
**Professor**

Employer (See Instructions)  
**UT**

Date  
09/21/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Webberman, Amy**

Amount of contribution (\$)  
**\$200.00**

Contributor address; City; State; Zip Code  
**Austin TX 78731**

Principal occupation / Job title (See Instructions)  
**Mom/community volunteer**

Employer (See Instructions)  
**None**

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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  
09/21/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Campbell, Anne**

**7** Amount of contribution (\$)  
**\$10.00**

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

**8** Principal occupation / Job title (See Instructions)  
**Project Manager**

**9** Employer (See Instructions)  
**Self Employed**

Date  
09/21/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Susswein, Melanie**

Amount of contribution (\$)  
**\$50.00**

Contributor address; City; State; Zip Code  
**Austin TX 78759**

Principal occupation / Job title (See Instructions)  
**Communications**

Employer (See Instructions)  
**UT**

Date  
09/21/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Chan, Christina**

Amount of contribution (\$)  
**\$75.00**

Contributor address; City; State; Zip Code  
**Austin TX 78705**

Principal occupation / Job title (See Instructions)  
**Self Employed**

Employer (See Instructions)  
**Charmed Labs**

Date  
09/21/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Marteleteo, Leticia**

Amount of contribution (\$)  
**\$59.00**

Contributor address; City; State; Zip Code  
**Austin TX 78751**

Principal occupation / Job title (See Instructions)  
**Professor**

Employer (See Instructions)  
**UT**

**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  
09/21/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Williams, Esther**

7 Amount of contribution (\$)  
**\$100.00**

6 Contributor address; City; State; Zip Code  
**Austin TX 78736**

8 Principal occupation / Job title (See Instructions)  
**Cosmetologist**

9 Employer (See Instructions)  
**Self Employed**

Date  
09/21/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Koppel, Jennifer**

Amount of contribution (\$)  
**\$50.00**

Contributor address; City; State; Zip Code  
**Austin TX 78731**

Principal occupation / Job title (See Instructions)  
**Self Employed**

Employer (See Instructions)  
**Self Employed**

Date  
09/22/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Lewis, Davonne**

Amount of contribution (\$)  
**\$25.00**

Contributor address; City; State; Zip Code  
**Austin TX 78704**

Principal occupation / Job title (See Instructions)  
**Analyst**

Employer (See Instructions)  
**Boston Financial**

Date  
09/23/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Cooper, Andee**

Amount of contribution (\$)  
**\$21.37**

Contributor address; City; State; Zip Code  
**Austin TX 78753**

Principal occupation / Job title (See Instructions)  
**Information Requested**

Employer (See Instructions)  
**Information Requested**

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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  
09/23/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Macor, Alison**

7 Amount of contribution (\$)  
**\$79.26**

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)  
**Information Requested**

9 Employer (See Instructions)  
**Information Requested**

Date  
09/24/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Krcmarik, Timothy**

Amount of contribution (\$)  
**\$26.63**

Contributor address; City; State; Zip Code  
**Austin TX 78702**

Principal occupation / Job title (See Instructions)  
**Information Requested**

Employer (See Instructions)  
**Information Requested**

Date  
09/24/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Everitt, Patti**

Amount of contribution (\$)  
**\$150.00**

Contributor address; City; State; Zip Code  
**Austin TX 78722**

Principal occupation / Job title (See Instructions)  
**Consultant**

Employer (See Instructions)  
**Self-Employed**

Date  
09/24/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Montenegro, Carolina**

Amount of contribution (\$)  
**\$50.00**

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

Principal occupation / Job title (See Instructions)  
**Engineer**

Employer (See Instructions)  
**Intel**

**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

09/24/2020

5 Full name of contributor  
**Straw, Andrew**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City; State; Zip Code  
**Carrollton TX 75007**

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

9 Employer (See Instructions)  
**St. Michael's Catholic Academy**

Date

09/24/2020

Full name of contributor  
**Garza, Theresa**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code  
**Austin TX 78748**

Principal occupation / Job title (See Instructions)  
**HR Manager**

Employer (See Instructions)  
**Apple**

Date

09/24/2020

Full name of contributor  
**Rodriguez, Rafael**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$25.00

Contributor address;

City; State; Zip Code  
**Austin TX 78757**

Principal occupation / Job title (See Instructions)  
**Draftsman**

Employer (See Instructions)  
**CobbFendley**

Date

09/24/2020

Full name of contributor  
**Mims, Nancy**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code  
**Austin TX 78751**

Principal occupation / Job title (See Instructions)  
**Artist**

Employer (See Instructions)  
**Self**

**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

09/24/2020

5 Full name of contributor

Galasso, Fedora

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City; State; Zip Code  
Austin TX 78705

8 Principal occupation / Job title (See Instructions)

Director

9 Employer (See Instructions)

TNOYS

Date

09/24/2020

Full name of contributor

Wallace, Deirdre

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$10.00

Contributor address;

City; State; Zip Code  
Austin TX 78704

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Self Employed

Date

09/15/2020

Full name of contributor

Denkler, Ann

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Information Requested

Employer (See Instructions)

Information Requested

Date

09/22/2020

Full name of contributor

Jesus

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$75.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Information Requested

Employer (See Instructions)

Information Requested

**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  09/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Education Austin</b> ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  <b>\$10,000</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date  9/15/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Education Austin</b> 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ <b>\$5,000</b>	9 In-kind contribution description <b>yard signs</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date  8/1/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Aldente, James</b> Contributor address; City; State; Zip Code	Amount of Contribution \$ <b>\$ 1,500</b>	In-kind contribution description <b>logo design</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>8/1/2020</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Smith, Koven</b> 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ <b>\$1,500</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description <b>website design and hosting</b>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>8/7/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Texas Democratic Party</b> Contributor address; City; State; Zip Code	Amount of Contribution \$ <b>\$1,000</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description <b>VAN</b>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date  8/16/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Garcia, Nina</b>  7 Contributor address;                      City;                      State;                      Zip Code	8 Amount of Contribution \$ <b>\$60.00</b>	9 In-kind contribution description <b>photos</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address;                      City;                      State;                      Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 08/21/2020		<b>5</b> Payee name Texas Democratic Party			
<b>6</b> Amount (\$) \$466.67		<b>7</b> Payee address;		City;	State; Zip Code
		Austin		TX	78761
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other		<b>(b)</b> Description VAN		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 09/4/2020		Payee name Gusto			
Amount (\$) \$250.06		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other		Description Tax		
	<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 09/4/2020		Payee name Gusto			
Amount (\$) \$774.10		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Salary		
	<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

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# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/05/2020	<b>5</b> Payee name NGP VAN	
<b>6</b> Amount (\$) \$162.38	<b>7</b> Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description NGP
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 09/08/2020	Payee name Gusto	
Amount (\$) \$250.06	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Tax
	<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 09/08/2020	Payee name Gusto	
Amount (\$) \$774.10	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Salary
	<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

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# 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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 09/14/2020		<b>5</b> Payee name Gusto			
<b>6</b> Amount (\$) \$250.04		<b>7</b> Payee address; City; State; Zip Code			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other		<b>(b)</b> Description Tax		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date 09/14/2020		Payee name Gusto			
Amount (\$) \$774.11		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Salary		
	<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 09/20/2020		Payee name Texas Democratic Party			
Amount (\$) \$466.67		Payee address; City; State; Zip Code Austin TX 78761			
<b>PURPOSE OF EXPENDITURE</b>	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	

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# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/21/2020	<b>5</b> Payee name Gusto	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name <b>Donate Way</b>	
<b>6</b> Amount (\$) <b>\$429.76</b>	<b>7</b> Payee address;	City; State; Zip Code <b>Austin TX 78703</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Fees</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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" ••

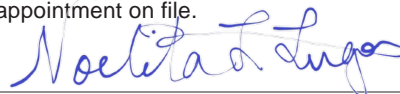
1 C/OH NAME

Noelita L. Lugo

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