

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	FIRST <i>Anna</i>	MI <i>N</i>	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; width: fit-content; margin: 0 auto;"> RECEIVED OCT 07 2024 SUPERINTENDENT'S OFFICE </div> Date Hand-delivered or Date Postmarked <i>Hand-delivered</i> Receipt # Amount \$ — — Date Processed <i>10-7-24</i> Date Imaged <i>10-7-24</i>
	NICKNAME	LAST <i>Smith</i>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2300 Twisted Willow Lane Leander, TX 78641</i>			
<input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
		<i>(512) 9104 3968</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Christina</i>	MI	
	NICKNAME	LAST <i>Legrand</i>	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2120 Heather Drive Cedar Park TX 78613</i>			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
		<i>(512) 9104 6540</i>		
9 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)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>7 / 1 / 2024 9 / 26 / 2024</i>			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
		<i>11 / 5 / 2024</i>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
	<i>Leander ISD School Board, Place 4</i>	<i>Leander ISD, School Board Place 4</i>		
14 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	<input type="checkbox"/> GENERAL	COMMITTEE NAME		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

16 C/OH NAME		16 Filer ID (Ethics Commission Filers)
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)	\$ 6048. ⁰⁹
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4166. ³⁹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2852. ³⁶
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

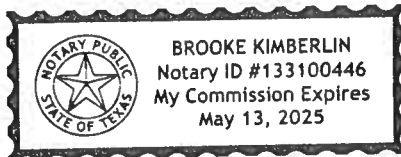
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Erin Smith

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Anna Nicole Smith this the 7 day of October

2024, to certify which, witness my hand and seal of office.

[Signature] Brooke Kimberlin Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Anna Smith

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>60048.⁰⁹</i>
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 checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4,606.³⁹</i>
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

If the requested information is not applicable, DO NOT include this page in the report.

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 8/17/24	5 Full name of contributor Jodi Ray <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$ 5000
6 Contributor address; City; State; Zip Code [Redacted] Cedar Park TX 78613		
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 8/19/24	Full name of contributor Michele Johnson <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$ 52.95
Contributor address; City; State; Zip Code [Redacted] New Orleans LA 7030		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Legacy Professional Services
Date 8/19/24	Full name of contributor Christina Cavalli <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$ 52.95
Contributor address; City; State; Zip Code [Redacted] Cedar Park TX 78613		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) N/A
Date 8/19/24	Full name of contributor Emily Scott <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$ 10.84
Contributor address; City; State; Zip Code [Redacted] Leander TX 78641		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) LISD

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

If the requested information is not applicable, DO NOT include this page in the report.

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 8/19/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnie Martin 6 Contributor address; City; State; Zip Code [Redacted] Austin, TX 78731	7 Amount of contribution (\$) 105.58
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 8/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsey LeBlanc Contributor address; City; State; Zip Code [Redacted] San Antonio, TX 78258	Amount of contribution (\$) \$526.63
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) USAA

Date 8/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith Harris Contributor address; City; State; Zip Code [Redacted] Leander, TX 78041	Amount of contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Leander ISD

Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Pelosi Contributor address; City; State; Zip Code [Redacted] Austin, TX 78717	Amount of contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Ama Smith

3 Filer ID (Ethics Commission Filers)

4 Date

8/00/24

5 Full name of contributor

Stephanie Holden

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

7 Amount of contribution (\$)

\$52.95

6 Contributor address;

City;

State;

Zip Code

Tenace Austin TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/21/24

Full name of contributor

Becky Villeneal

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

Amount of contribution (\$)

\$5.58

Contributor address;

City;

State;

Zip Code

Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Profs

Employer (See Instructions)

Austin Community College

Date

8/21/2024

Full name of contributor

Cliff Anderson

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

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

8/22/24

Full name of contributor

Amber Funderburgh

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

Amount of contribution (\$)

105.58

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Leander ISD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Anna Smith		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Berca	7 Amount of contribution (\$) \$210.84
6 Contributor address; City; State; Zip Code [Redacted] Leander, TX 78641		
8 Principal occupation / Job title (See Instructions) Longarm Quilter		9 Employer (See Instructions) N/A
Date 8/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berin Taylor	Amount of contribution (\$) \$16.11
Contributor address; City; State; Zip Code [Redacted] Leander, TX 78643		
Principal occupation / Job title (See Instructions) Support		Employer (See Instructions) Bazaar Voice
Date 8/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becky Calzada	Amount of contribution (\$) \$26.63
Contributor address; City; State; Zip Code [Redacted]		
Principal occupation / Job title (See Instructions) Library Coordinator		Employer (See Instructions) Leander ISD
Date 8/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Alexander	Amount of contribution (\$) \$263.47
Contributor address; City; State; Zip Code [Redacted] Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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 9/20/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kate LeClair	7 Amount of contribution (\$) \$26.63
6 Contributor address; City; State; Zip Code [Redacted]		
8 Principal occupation / Job title (See Instructions) Doulg	9 Employer (See Instructions) N/A	
Date 9/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sue Wiseman	Amount of contribution (\$) \$263.47
Contributor address; City; State; Zip Code [Redacted] Cedar Park TX		
Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired	
Date 9/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wleen Brighton	Amount of contribution (\$) \$1052.95
Contributor address; City; State; Zip Code [Redacted] Austin, TX 78730		
Principal occupation / Job title (See Instructions) nonprofit	Employer (See Instructions) LEEF	
Date 9/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelli Bayless	Amount of contribution (\$) \$16.17
Contributor address; City; State; Zip Code [Redacted] Cedar Park, TX 78013		
Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) Leander ISD	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 (\$)

8/12/24

Heather Guzenda

\$105.58

6 Contributor address;

City;

State;

Zip Code

Austin, TX 78732

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Occupational therapy assistant

Round Rock ISD

Date

Full name of contributor

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

Amount of contribution (\$)

8/12/24

Diana Mike Leach

\$105.58

Contributor address;

City;

State;

Zip Code

The Woodlands, TX 77384

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

N/A

Date

Full name of contributor

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

Amount of contribution (\$)

8/12/24

William Struke

\$158.21

Contributor address;

City;

State;

Zip Code

Georgetown, TX 78628

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Engineering Manager

Apple

Date

Full name of contributor

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

Amount of contribution (\$)

8/12/24

Melanie Rice

\$210.84

Contributor address;

City;

State;

Zip Code

Liberty Hill, TX 78642

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Anna Smith

3 Filer ID (Ethics Commission Filers)

4 Date

8/30/24

5 Full name of contributor

Lisa Thorne

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

7 Amount of contribution (\$)

\$63.47

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Teacher

9 Employer (See Instructions)

Leander ISD

Date

9/3/24

Full name of contributor

Cynthia Calvert

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

Amount of contribution (\$)

105.58

Contributor address;

City;

State;

Zip Code

Leander, TX 78041

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

9/4/24

Full name of contributor

Zach Collier

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

Amount of contribution (\$)

\$105.58

Contributor address;

City;

State;

Zip Code

Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Technical Product Manager

Employer (See Instructions)

SELF

Date

9/4/24

Full name of contributor

Jimmy Flannigan

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

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

Austin TX 78709

Principal occupation / Job title (See Instructions)

Public Admin

Employer (See Instructions)

Austin Convention Enterprises

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Anna Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/1/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kelly Bin</i>	7 Amount of contribution (\$) <i>\$25.58</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Cedar Park, TX</i>		
8 Principal occupation / Job title (See Instructions) <i>Psychologist</i>		9 Employer (See Instructions) <i>SELF</i>
Date <i>7/1/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrea Chevalier</i>	Amount of contribution (\$) <i>\$105.58</i>
Contributor address; City; State; Zip Code [Redacted] <i>Leander, TX 78641</i>		
Principal occupation / Job title (See Instructions) <i>Director of Govt Relations</i>		Employer (See Instructions) <i>TCASE</i>
Date <i>7/20/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Kolecki</i>	Amount of contribution (\$) <i>\$105.58</i>
Contributor address; City; State; Zip Code [Redacted] <i>Austin, TX 78726</i>		
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions) <i>Cisco Systems</i>
Date <i>7/20/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kirsten Mt. Joy</i>	Amount of contribution (\$) <i>\$21.37</i>
Contributor address; City; State; Zip Code [Redacted] <i>Cedar Park 78613</i>		
Principal occupation / Job title (See Instructions) <i>Cultural Resources Manager</i>		Employer (See Instructions) <i>Army National Guard</i>

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

Anna Smith

3 Filer ID (Ethics Commission Filers)

4 Date

7/21/24

5 Full name of contributor

Sarah Penniman-Moran

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

7 Amount of contribution (\$)

\$105.58

6 Contributor address;

City;

State;

Zip Code

Cedar Park TX 78613

8 Principal occupation / Job title (See Instructions)

Humanitarian Aid Worker

9 Employer (See Instructions)

IRC

Date

7/30/24

Full name of contributor

Laura Waltherman

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

Amount of contribution (\$)

\$203.47

Contributor address;

City;

State;

Zip Code

Cedar Park TX 78613

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

8/1/24

Full name of contributor

Krista Tyler Dimas

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

Amount of contribution (\$)

\$26.63

Contributor address;

City;

State;

Zip Code

TX 78613

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Leander ISD

Date

8/6/24

Full name of contributor

Christine Maurer

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

Amount of contribution (\$)

52.95

Contributor address;

City;

State;

Zip Code

Cedar Park TX 78613

Principal occupation / Job title (See Instructions)

Outreach Coordinator

Employer (See Instructions)

Alpha Behavioral Health

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
9/18/24	Becky Villarreal 6 Contributor address; City; State; Zip Code [Redacted] Cedar Park TX 78613	\$1084
8 Principal occupation / Job title (See instructions)	9 Employer (See instructions)	
Professor	Austin Community College	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
9/15/24	Freg Shaw Contributor address; City; State; Zip Code [Redacted] Leander TX 78643	\$116.11
Principal occupation / Job title (See instructions)	Employer (See instructions)	
Teacher	Leander ISD	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
9/15/21	Hush Li Contributor address; City; State; Zip Code [Redacted] Austin TX 78730	\$316.11
Principal occupation / Job title (See instructions)	Employer (See instructions)	
Retiree	Retired	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
9/17/24	Maureen Savat Contributor address; City; State; Zip Code [Redacted] Leander, TX 78641	\$156.00
Principal occupation / Job title (See instructions)	Employer (See instructions)	
Retired	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

If the requested information is not applicable, DO NOT include this page in the report.

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 9/4/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Cook	7 Amount of contribution (\$) 200 ⁰⁰
6 Contributor address; City; State; Zip Code [Redacted] Round Rock, TX 78681		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)
N/A N/A

Date 9/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William McCann	Amount of contribution (\$) 100 ⁰⁰
Contributor address; City; State; Zip Code [Redacted] Cedar Park, TX 78613		

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

Date 9/4/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Western Wilco Dems	Amount of contribution (\$) 150 ⁰⁰
Contributor address; City; State; Zip Code [Redacted] Austin, TX 78750		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Anna Smith		3 Filer ID (Ethics Commission Filers)
4 Date 8/6/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelley Coppe	7 Amount of contribution (\$) \$52.95
6 Contributor address; City; State; Zip Code [Redacted] Cedar Park, TX 78613		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Leander ISD
Date 8/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather Jeffs	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [Redacted] Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 8/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine DeLise	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [Redacted] Leander, TX 78043		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 8/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Faulkner	Amount of contribution (\$) \$52.95
Contributor address; City; State; Zip Code [Redacted] Liberty Hill, TX 78642		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Leander 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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Ama Smith

3 Filer ID (Ethics Commission Filers)

4 Date

8/7/24

5 Full name of contributor

Megan Walske

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

7 Amount of contribution (\$)

52.95

6 Contributor address;

City;

State;

Zip Code

Cedar Park TX 78613

8 Principal occupation / Job title (See Instructions)

Teacher

9 Employer (See Instructions)

Date

8/7/24

Full name of contributor

Ulrike Kennedy

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

Amount of contribution (\$)

\$52.95

Contributor address;

City;

State;

Zip Code

Cedar Park TX 78613

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

8/8/24

Full name of contributor

Danielle Contu

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

Amount of contribution (\$)

\$52.95

Contributor address;

City;

State;

Zip Code

Austin TX 78770

Principal occupation / Job title (See Instructions)

MOM

Employer (See Instructions)

N/A

Date

8/12/24

Full name of contributor

Celeste Farnhart

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

Amount of contribution (\$)

\$105.58

Contributor address;

City;

State;

Zip Code

Leander TX 78041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Taylor Morrison

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

If the requested information is not applicable, DO NOT include this page in the report.

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 Anna Smith		3 Filer ID (Ethics Commission Filers)	
4 Date 7/21/2024		5 Payee name Taco Palenque			
6 Amount (\$) \$177.26		7 Payee address; 1535 Cypress Creek Road		City; State; Zip Code Cedar Park, TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Kick-off event		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(d) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 7/27/24		Payee name Wix			
Amount (\$) \$7.79		Payee address; 500 Terry A Francis Blvd		City; State; Zip Code San Francisco, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Website		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 8/1/24		Payee name Home Depot			
Amount (\$) 144.55		Payee address; 2700 Whitestone Blvd		City; State; Zip Code Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense		Description Big sign supplies		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 8/10/24		5 Payee name Tractor Supply			
6 Amount (\$) \$57.35		7 Payee address: 2000 N Bell Blvd		City:	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Road Road sign expense		
	(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 8/10/24		Payee name Home Depot			
Amount (\$) \$75.04		Payee address: 2700 Whitestone Blvd Cedar Park, TX 78613		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Road sign expense		
	<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 8/11/24		Payee name Tractor Supply			
Amount (\$) \$230.60		Payee address: 2000 N Bell Blvd		City:	State: Zip Code Cedar Park TX 78013
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Road Sign		
	<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

If the requested information is not applicable, DO NOT include this page in the report.

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 9/13/24		5 Payee name Vista Print			
6 Amount (\$) 269.23		7 Payee address; City; State; Zip Code 170 Data Drive Waltham, MA 02451			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Informational Flyers		
	(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	
Date 9/25/24		Payee name Vista Print			
Amount (\$) 321.48		Payee address; City; State; Zip Code 170 Data Drive Waltham MA 02451			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Advertising Expenses		Description Literature		
	<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	
Date 9/26/24		Payee name Donat way			
Amount (\$) 283.75		Payee address; City; State; Zip Code P.O Box 301267 Austin, TX 78703			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense		Description Fee to use CC online		
	<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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: Anna Smith	3 Filer ID (Ethics Commission Filers)
4 Date: 7/1/2024	5 Payee name: Wix	
6 Amount (\$): 416.54	7 Payee address: 500 Terry A Francois Blvd San Francisco, CA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Fee	(b) Description: Website
	(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 ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
Date : 7/1/2024	Payee name : Meta	
Amount (\$) : 29.09	Payee address : 1 Facebook Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expense	Description : FB. Ad
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
Date : 7/20	Payee name : Vistago Print	
Amount (\$) : \$11699.53	Payee address : 6706 Lohman Ford Rd Lago Vista, TX 78045	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expense	Description : Large Roadway signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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

If the requested information is not applicable, DO NOT include this page in the report.

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)
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4 Date 8/22/24	5 Payee name Home Depot
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6 Amount (\$) \$95.61	7 Payee address: 2700 Whitestone Blvd	City:	State:	Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Road Signs supplies
	(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
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Date 8/22/24	Payee name Pro Daddy
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Amount (\$) \$85.16	Payee address: 14455 N Hayden Rd. Scottsdale, Arizona 85260	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website/Domain
	<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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Date 9/13/24	Payee name Vistago Print
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Amount (\$) 1094.41	Payee address: 67016 Lohman Ford Drive Lago Vista, TX	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description small yard signs
	<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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