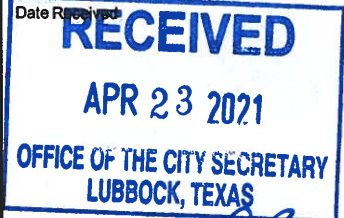


# UNSWORN DECLARATION

FORM UD

Attach this unsworn declaration to the front of any campaign finance report or personal financial statement in lieu of a notarized signature. See Tex. Civil Practice and Remedies Code § 132.001.

**OFFICE USE ONLY**



**1 FILER ID:**  
(Ethics Commission filers)

**2 NAME OF FILER**  
(PLEASE TYPE OR PRINT)

Lubbock Coalition For Healthcare Access

Method of Delivery *CPY-51*

Date Processed

**3 TYPE OF FILER**

- |   |   |
|---|---|
| <input type="checkbox"/> CANDIDATE/ OFFICEHOLDER          | <input checked="" type="checkbox"/> POLITICAL COMMITTEE |
| <input type="checkbox"/> JUDICIAL CANDIDATE/ OFFICEHOLDER | <input type="checkbox"/> POLITICAL PARTY                |
| <input type="checkbox"/> PERSONAL FINANCIAL STATEMENT     | <input type="checkbox"/> STATE/COUNTY CHAIR             |
| <input type="checkbox"/> DIRECT CAMPAIGN EXPENDITURE      |   |

**4 TYPE OF REPORT**

8th Day Before election

**5 DUE DATE**

April 23rd 2021

**6 UNSWORN DECLARATION:**

My name is Dyana Limon-Mercado, and my date of birth is 05/17/1981.

My Address is 3716 22nd Pl, Suite T, Lubbock, TX, 79410, USA  
(street) (city) (state) (zip code) (country)

I swear, or affirm, under penalty of perjury that the information in the attached report is in all things true and correct, and includes all information required to be reported by me under Title 15, Election Code, or Chapter 572, Government Code.

Executed in Lubbock County, State of Texas, on the 23rd day of April, 2021.

Signature of Filer/ Committee Representative  
(Declarant)

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form. 1 Filer ID 2 Total pages filed:  
117

3 COMMITTEE NAME  
Lubbock Coalition For Healthcare Access

**RECEIVED**  
 APR 23 2021  
 OFFICE OF THE CLERK  
 LUBBOCK, TEXAS  
 Receipt # \_\_\_\_\_ Amount *OP 4:51*  
 Date Hand-delivered or Date Postmarked  
 Date Processed  
 Date Imaged

4 COMMITTEE ADDRESS  
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 3716 22nd Pl  
 Suite T  
 Lubbock, TX 79410

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
 NICKNAME LAST SUFFIX

6 CAMPAIGN TREASURER STREET ADDRESS  
(Residence or Business)

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

7 CAMPAIGN TREASURER MAILING ADDRESS  
 Change of Address

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

9 REPORT TYPE

January 15  30th day before election  Exceeded modified reporting limit  
 July 15  8th day before election  Dissolution (Attach PAC-DR)  
 Runoff  10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
 03/23/2021 THROUGH 04/21/2021

11 ELECTION

ELECTION DATE Month Day Year  
 05/01/2021

ELECTION TYPE  
 Primary  Runoff  Other  
 General  Special

**GO TO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

|  |   |  |   |  |
|--|---|--|---|--|
| 12 COMMITTEE NAME<br>Lubbock Coalition For Healthcare Access   |   | 13 Filer ID  |   |  |
| 14 COMMITTEE PURPOSE<br><br>(Attach lists on plain paper to complete this report if necessary.)<br><br><input type="checkbox"/> SUPPORT<br>(Candidate or Measure)<br><br><input checked="" type="checkbox"/> OPPOSE<br>(Candidate or Measure)<br><br><input type="checkbox"/> ASSIST<br>(Officeholder) | <input type="checkbox"/> Candidate<br><br><input type="checkbox"/> Officeholder   | CANDIDATE / OFFICEHOLDER NAME                          |   |  |
|  |   | OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) |   |  |
|  | <input checked="" type="checkbox"/> Measure   | BALLOT IDENTIFICATION / #<br>Prop A                    | ELECTION DATE<br>Month    Day    Year<br>05/01/2021 |  |
|  |   | DESCRIPTION<br>City of Lubbock Proposition A           |   |  |
| 15 CONTRIBUTION TOTALS   | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED |  | \$            \$0.00                                |  |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  |  | \$            \$290,301.77                          |  |
| EXPENDITURE TOTALS   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  |  | \$            \$0.00                                |  |
|  | 4. TOTAL POLITICAL EXPENDITURES   |  | \$            \$155,420.32                          |  |
| CONTRIBUTION BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  |  | \$            \$398,295.77                          |  |
| OUTSTANDING LOAN TOTALS  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   |  | \$            \$0.00                                |  |

16 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 Campaign Treasurer

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 - SPAC****FORM SPAC**  
**COVER SHEET PG 3**  
3 of 117

|   |                    |
|---|--------------------|
| <b>17 COMMITTEE NAME</b><br>Lubbock Coalition For Healthcare Access | <b>18 Filer ID</b> |
|---|--------------------|

| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE  | SUBTOTAL AMOUNT |
|---|-----------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  | \$ 131,664.00   |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS   | \$              |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$              |
| 4. <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$ 133,500.00   |
| 5. <input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ 25,137.77    |
| 6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                            | \$              |
| 7. <input type="checkbox"/> SCHEDULE E: LOANS   | \$              |
| 8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                         | \$ 26,911.95    |
| 9. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 128,508.37   |
| 10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                                  | \$              |
| 11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$              |
| 12. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                             | \$              |
| 13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                                | \$              |
| 14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER                 | \$              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>     |   | 1 Total pages Schedule A1:<br>Sch: 1/105 Rpt: 4/117 |
| 2 FILER NAME<br>Lubbock Coalition For Healthcare Access              |   | 3 Filer ID  |
| 4 Date<br>04/01/2021   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Aberly, Naomi D Aberly | 7 Amount of Contribution (\$)<br>\$1,000.00         |
| 6 Contributor address; City; State; Zip Code<br><br>Boston, MA 02114 |   |   |
| 8 Principal occupation / Job title (See Instructions)                |   | 9 Employer (See Instructions)                       |
| Date<br>03/24/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ablright, Alexandra      | Amount of Contribution (\$)<br>\$500.00             |
| Contributor address; City; State; Zip Code<br><br>Austin, TX 78703   |   |   |
| Principal occupation / Job title (See Instructions)                  |   | Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Achruk, Maria            | Amount of Contribution (\$)<br>\$5.00               |
| Contributor address; City; State; Zip Code<br><br>Richmond, VA 23224 |   |   |
| Principal occupation / Job title (See Instructions)                  |   | Employer (See Instructions)                         |
| Date<br>04/20/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ackerman, Judith         | Amount of Contribution (\$)<br>\$1,000.00           |
| Contributor address; City; State; Zip Code<br><br>El Paso, TX 79904  |   |   |
| Principal occupation / Job title (See Instructions)                  |   | Employer (See Instructions)                         |
| Date<br>04/21/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ackerman, Judith P       | Amount of Contribution (\$)<br>\$1,000.00           |
| Contributor address; City; State; Zip Code<br><br>El Paso, TX 79904  |   |   |
| Principal occupation / Job title (See Instructions)                  |   | Employer (See Instructions)                         |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b> |  | 1 Total pages Schedule A1:<br>Sch: 2/105 Rpt: 5/117 |
| 2 FILER NAME<br>Lubbock Coalition For Healthcare Access          |  | 3 Filer ID  |
| 4 Date<br>03/27/2021   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Adams, DM<br>.....<br>6 Contributor address; City; State; Zip Code<br>[REDACTED]<br>Great Falls, VA 22066   | 7 Amount of Contribution (\$)<br><br>\$25.00        |
| 8 Principal occupation / Job title (See Instructions)            |  | 9 Employer (See Instructions)                       |
| Date<br>04/17/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Adcock, Daniel<br>.....<br>Contributor address; City; State; Zip Code<br>[REDACTED]<br>Lubbock, TX 79411      | Amount of Contribution (\$)<br><br>\$250.00         |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Agonito, Rosemary<br>.....<br>Contributor address; City; State; Zip Code<br>[REDACTED]<br>Syracuse, NY 13215  | Amount of Contribution (\$)<br><br>\$25.00          |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ali, Iona<br>.....<br>Contributor address; City; State; Zip Code<br>[REDACTED]<br>San Francisco, CA 94112     | Amount of Contribution (\$)<br><br>\$10.00          |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Anderson, Ashley<br>.....<br>Contributor address; City; State; Zip Code<br>[REDACTED]<br>Long Beach, CA 90806 | Amount of Contribution (\$)<br><br>\$500.00         |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                     |   | 1 Total pages Schedule A1:<br>Sch: 3/105 Rpt: 6/117 |
| 2 FILER NAME<br>Lubbock Coalition For Healthcare Access                              |   | 3 Filer ID  |
| 4 Date<br>03/26/2021   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Angel, Janyce  | 7 Amount of Contribution (\$) \$25.00               |
| 6 Contributor address; City; State; Zip Code<br>[REDACTED]<br>San Antonio, TX 78240  |   |   |
| 8 Principal occupation / Job title (See Instructions)                                |   | 9 Employer (See Instructions)                       |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Asprey, Thomas A | Amount of Contribution (\$) \$25.00                 |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Boulder, CO 80306        |   |   |
| Principal occupation / Job title (See Instructions)                                  |   | Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Au-Young, Regina | Amount of Contribution (\$) \$25.00                 |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>South Pasadena, CA 91030 |   |   |
| Principal occupation / Job title (See Instructions)                                  |   | Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ayala, Maria     | Amount of Contribution (\$) \$10.00                 |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Brooklyn, NY 11249       |   |   |
| Principal occupation / Job title (See Instructions)                                  |   | Employer (See Instructions)                         |
| Date<br>04/01/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bachan, Lauren   | Amount of Contribution (\$) \$10.00                 |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>San Jose, CA 95126       |   |   |
| Principal occupation / Job title (See Instructions)                                  |   | Employer (See Instructions)                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 4/105 Rpt: 7/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                                   |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Banning, Beth | <b>7</b> Amount of Contribution (\$) \$50.00               |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Steamboat springs, CO 89477 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                     |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Baraschi, Yoana        | Amount of Contribution (\$) \$10.00                        |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>New York, NY 10011                   |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Barnett, Elizabeth B.  | Amount of Contribution (\$) \$3.00                         |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Albuquerque, NM 87112                |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                |
| Date<br>04/20/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Barnett, Martha        | Amount of Contribution (\$) \$25.00                        |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Baytown, TX 77520                    |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Barry, Shawn           | Amount of Contribution (\$) \$10.00                        |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>santa Monica, CA 90405               |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                |  | <b>1</b> Total pages Schedule A1:<br>Sch: 5/105 Rpt: 8/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                  |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bartlett, JeanE  | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00       |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Greenville, SC 29617 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                    |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>03/29/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Baugh-Osterfeld, Veronica | Amount of Contribution (\$)<br><br>\$25.00                 |
| Contributor address; City; State; Zip Code<br><br>New York, NY 10001            |  |  |
| Principal occupation / Job title (See Instructions)                             |  | Employer (See Instructions)                                |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bauman, Jan               | Amount of Contribution (\$)<br><br>\$25.00                 |
| Contributor address; City; State; Zip Code<br><br>San Rafael, CA 94903          |  |  |
| Principal occupation / Job title (See Instructions)                             |  | Employer (See Instructions)                                |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Beck, Jonathan            | Amount of Contribution (\$)<br><br>\$50.00                 |
| Contributor address; City; State; Zip Code<br><br>Lake Oswego, OR 97034         |  |  |
| Principal occupation / Job title (See Instructions)                             |  | Employer (See Instructions)                                |
| Date<br>04/02/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Behler, Rachel            | Amount of Contribution (\$)<br><br>\$25.00                 |
| Contributor address; City; State; Zip Code<br><br>San Francisco, CA 94131       |  |  |
| Principal occupation / Job title (See Instructions)                             |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 6/105 Rpt: 9/117                                |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access   |   | <b>3</b> Filer ID   |
| <b>4</b> Date<br>03/26/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Berdebes, Janis<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Bronx, NY 10463 | <b>7</b> Amount of Contribution (\$)<br><br><div style="text-align: right;">\$10.00</div> |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)  |
| <b>Date</b><br>04/11/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bieber, Claire<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Lubbock, TX 79410    | <b>Amount of Contribution (\$)</b><br><br><div style="text-align: right;">\$50.00</div>   |
| <b>Principal occupation / Job title (See Instructions)</b>       |   | <b>Employer (See Instructions)</b>  |
| <b>Date</b><br>03/27/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Biondo, Gina<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Houston, TX 77042      | <b>Amount of Contribution (\$)</b><br><br><div style="text-align: right;">\$100.00</div>  |
| <b>Principal occupation / Job title (See Instructions)</b>       |   | <b>Employer (See Instructions)</b>  |
| <b>Date</b><br>03/24/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bleicher, Julie<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Dallas, TX 75230    | <b>Amount of Contribution (\$)</b><br><br><div style="text-align: right;">\$100.00</div>  |
| <b>Principal occupation / Job title (See Instructions)</b>       |   | <b>Employer (See Instructions)</b>  |
| <b>Date</b><br>03/26/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bode, Janet<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Atlanta, GA 30305       | <b>Amount of Contribution (\$)</b><br><br><div style="text-align: right;">\$15.00</div>   |
| <b>Principal occupation / Job title (See Instructions)</b>       |   | <b>Employer (See Instructions)</b>  |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                       |   | 1 Total pages Schedule A1:<br>Sch: 7/105 Rpt: 10/117 |
| 2 FILER NAME<br>Lubbock Coalition For Healthcare Access                                |   | 3 Filer ID   |
| 4 Date<br>03/26/2021   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bogucki, EDRA  | 7 Amount of Contribution (\$) \$5.00                 |
| 6 Contributor address; City; State; Zip Code<br>[REDACTED]<br>BEAUMONT, TX 77707       |   |  |
| 8 Principal occupation / Job title (See Instructions)                                  |   | 9 Employer (See Instructions)                        |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bohl, Jesse      | Amount of Contribution (\$) \$5.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Richmond, VA 23236         |   |  |
| Principal occupation / Job title (See Instructions)                                    |   | Employer (See Instructions)                          |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bolduc, Peter    | Amount of Contribution (\$) \$100.00                 |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Bradford, NH 03221         |   |  |
| Principal occupation / Job title (See Instructions)                                    |   | Employer (See Instructions)                          |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bolnick, Rebecca | Amount of Contribution (\$) \$25.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Peoria, AZ 85381           |   |  |
| Principal occupation / Job title (See Instructions)                                    |   | Employer (See Instructions)                          |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Borges, Kent     | Amount of Contribution (\$) \$100.00                 |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Colorado Springs, CO 80904 |   |  |
| Principal occupation / Job title (See Instructions)                                    |   | Employer (See Instructions)                          |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 8/105 Rpt: 11/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access   |   | <b>3</b> Filer ID   |
| <b>4</b> Date<br>03/26/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bowles, Sarah<br><b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>San Diego, CA 92116 | <b>7</b> Amount of Contribution (\$)<br>\$50.00             |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                        |
| Date<br>03/30/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Brockway, Vivian<br>Contributor address; City; State; Zip Code<br>[REDACTED]<br>Smiths Station, AL 36877           | Amount of Contribution (\$)<br>\$50.00                      |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                 |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Brown, Chad<br>Contributor address; City; State; Zip Code<br>[REDACTED]<br>Minneapolis, MN 55401                   | Amount of Contribution (\$)<br>\$25.00                      |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                 |
| Date<br>04/20/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Brown, Jessica<br>Contributor address; City; State; Zip Code<br>[REDACTED]<br>Arlington, TX 76006                  | Amount of Contribution (\$)<br>\$25.00                      |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                 |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Brown, Ross<br>Contributor address; City; State; Zip Code<br>[REDACTED]<br>Gainesville, FL 32635                   | Amount of Contribution (\$)<br>\$10.00                      |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                 |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>       |  | 1 Total pages Schedule A1:<br>Sch: 9/105 Rpt: 12/117 |
| 2 FILER NAME<br>Lubbock Coalition For Healthcare Access                |  | 3 Filer ID   |
| 4 Date<br>04/19/2021   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bryant, Suzanne | 7 Amount of Contribution (\$)<br><br>\$1,000.00      |
| 6 Contributor address; City; State; Zip Code<br><br>Austin, TX 78703   |  |  |
| 8 Principal occupation / Job title (See Instructions)                  |  | 9 Employer (See Instructions)                        |
| Date<br>04/19/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bryant, Suzanne   | Amount of Contribution (\$)<br><br>\$25.00           |
| Contributor address; City; State; Zip Code<br><br>Austin, TX 78703     |  |  |
| Principal occupation / Job title (See Instructions)                    |  | Employer (See Instructions)                          |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Buc, Nancy L.     | Amount of Contribution (\$)<br><br>\$100.00          |
| Contributor address; City; State; Zip Code<br><br>washington, DC 20016 |  |  |
| Principal occupation / Job title (See Instructions)                    |  | Employer (See Instructions)                          |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Buehler, Robert   | Amount of Contribution (\$)<br><br>\$500.00          |
| Contributor address; City; State; Zip Code<br><br>Tewksbury, MA 01876  |  |  |
| Principal occupation / Job title (See Instructions)                    |  | Employer (See Instructions)                          |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Buki, Katherine   | Amount of Contribution (\$)<br><br>\$25.00           |
| Contributor address; City; State; Zip Code<br><br>Frederick, MD 21701  |  |  |
| Principal occupation / Job title (See Instructions)                    |  | Employer (See Instructions)                          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                        |   | 1 Total pages Schedule A1:<br>Sch: 10/105 Rpt: 13/117 |
| 2 FILER NAME<br>Lubbock Coalition For Healthcare Access                                 |   | 3 Filer ID  |
| 4 Date<br>04/11/2021  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Burdick, Andrew    | 7 Amount of Contribution (\$) \$20.00                 |
| 6 Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Schenectady, NY 12309 |   |   |
| 8 Principal occupation / Job title (See Instructions)                                   |   | 9 Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Burgess Jr, Bradford | Amount of Contribution (\$) \$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Fort Myers, FL 33907    |   |   |
| Principal occupation / Job title (See Instructions)                                     |   | Employer (See Instructions)                           |
| Date<br>03/27/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Burkhart, Karen      | Amount of Contribution (\$) \$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Sandia Park, NM 87047   |   |   |
| Principal occupation / Job title (See Instructions)                                     |   | Employer (See Instructions)                           |
| Date<br>03/24/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Burnett, Judith      | Amount of Contribution (\$) \$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Lubbock, TX 79416       |   |   |
| Principal occupation / Job title (See Instructions)                                     |   | Employer (See Instructions)                           |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Burridge, Keith      | Amount of Contribution (\$) \$100.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Chapel Hill, NC 27516   |   |   |
| Principal occupation / Job title (See Instructions)                                     |   | Employer (See Instructions)                           |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b> |  | 1 Total pages Schedule A1:<br>Sch: 11/105 Rpt: 14/117 |
| 2 FILER NAME<br>Lubbock Coalition For Healthcare Access          |  | 3 Filer ID  |
| 4 Date<br>03/26/2021   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Butler, Katherine | 7 Amount of Contribution (\$) \$100.00                |
|  | 6 Contributor address; City; State; Zip Code<br>[REDACTED]<br>Houston, TX 77008                        |   |
| 8 Principal occupation / Job title (See Instructions)            |  | 9 Employer (See Instructions)                         |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Butler, McCall      | Amount of Contribution (\$) \$50.00                   |
|  | Contributor address; City; State; Zip Code<br>[REDACTED]<br>Atlanta, GA 30309                          |   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                           |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>CLARK, ROBERT       | Amount of Contribution (\$) \$25.00                   |
|  | Contributor address; City; State; Zip Code<br>[REDACTED]<br>El Paso, TX 79922                          |   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                           |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>CRUICKSHANK, KENT   | Amount of Contribution (\$) \$25.00                   |
|  | Contributor address; City; State; Zip Code<br>[REDACTED]<br>MORRISVILLE, PA 19067                      |   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                           |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Caldwell, Heather   | Amount of Contribution (\$) \$25.00                   |
|  | Contributor address; City; State; Zip Code<br>[REDACTED]<br>Springport, MI 49284                       |   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                           |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                              |  | <b>1</b> Total pages Schedule A1:<br>Sch: 12/105 Rpt: 15/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                                |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Camero, Corrine | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Cincinnati, OH 45236 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                  |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Campbell, Colleen        | Amount of Contribution (\$)<br><br>\$5.00                    |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Denver, CO 80221              |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Campbell, Mariel         | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Albuquerque, NM 87106         |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Campbell, Patricia       | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Mashpee, MA 02649             |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Capell, David            | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Los Angeles, CA 90067         |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                                |   | <b>1</b> Total pages Schedule A1:<br>Sch: 13/105 Rpt: 16/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                                  |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Carlson, Jay | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00         |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Brooklyn, NY 11205 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                    |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Carmichael, Philip    | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Grandview, NY 10960         |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>03/27/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Carrillo, Martin      | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Pasadena, CA 91107          |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Carter, Michael       | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Ft Davis, TX 79734          |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Case, Nelly           | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Los Alamos, NM 87544        |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 14/105 Rpt: 17/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                               |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Castle, Susan | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Brentwood, CA 94513 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                 |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Chaffin, Claudia       | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Georgetown, TX 78626         |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Chaplow, Emilie        | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Studio City, CA 91602        |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>04/06/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cheatham, John         | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Lubbock, TX 79410            |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Chiverton, Chris       | Amount of Contribution (\$)<br><br>\$1.00                    |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Coos bay, OR 97420           |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 15/105 Rpt: 18/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access   |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Clark, Beverly<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Austin, TX 78723      | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00          |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                         |
| <b>Date</b><br>03/26/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Clark, Beverly<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Austin, TX 78723          | <b>Amount of Contribution (\$)</b><br><br>\$50.00            |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>04/01/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Clark, Jane<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Kerrville, TX 78028          | <b>Amount of Contribution (\$)</b><br><br>\$100.00           |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>03/27/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Clausner, Heather<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Jacksonville, FL 32224 | <b>Amount of Contribution (\$)</b><br><br>\$10.00            |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>04/19/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cobb, Brittani<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Austin, TX 78727          | <b>Amount of Contribution (\$)</b><br><br>\$50.00            |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                           |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                          |   | 1 Total pages Schedule A1:<br>Sch: 16/105 Rpt: 19/117 |
| 2 FILER NAME<br>Lubbock Coalition For Healthcare Access                                   |   | 3 Filer ID  |
| 4 Date<br>04/19/2021  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Conyngham, Karen | 7 Amount of Contribution (\$) \$25.00                 |
| 6 Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78746        |   |   |
| 8 Principal occupation / Job title (See Instructions)                                     |   | 9 Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Coolman, Elizabeth | Amount of Contribution (\$) \$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Denver, CO 80210          |   |   |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                           |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Corsaro, Nancy L   | Amount of Contribution (\$) \$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Dallas, TX 75248          |   |   |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                           |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cory, Peter        | Amount of Contribution (\$) \$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Wellesley Hills, MA 02481 |   |   |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                           |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Costa, Philip      | Amount of Contribution (\$) \$3.00                    |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>New Hartford, NY 13413    |   |   |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                           |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>                     |  | 1 Total pages Schedule A1:<br>Sch: 17/105 Rpt: 20/117 |
| 2 FILER NAME<br>Lubbock Coalition For Healthcare Access                              |  | 3 Filer ID  |
| 4 Date<br>04/02/2021   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Costa, Philip | 7 Amount of Contribution (\$)<br><br>\$3.00           |
| 6 Contributor address; City; State; Zip Code<br>[REDACTED]<br>New Hartford, NY 13413 |  |   |
| 8 Principal occupation / Job title (See Instructions)                                |  | 9 Employer (See Instructions)                         |
| Date<br>04/09/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Costa, Philip   | Amount of Contribution (\$)<br><br>\$3.00             |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>New Hartford, NY 13413   |  |   |
| Principal occupation / Job title (See Instructions)                                  |  | Employer (See Instructions)                           |
| Date<br>04/16/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Costa, Philip   | Amount of Contribution (\$)<br><br>\$3.00             |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>New Hartford, NY 13413   |  |   |
| Principal occupation / Job title (See Instructions)                                  |  | Employer (See Instructions)                           |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Coulon, Ann     | Amount of Contribution (\$)<br><br>\$25.00            |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Euless, TX 76040         |  |   |
| Principal occupation / Job title (See Instructions)                                  |  | Employer (See Instructions)                           |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cowan, Laurie   | Amount of Contribution (\$)<br><br>\$100.00           |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Naples, FL 34102         |  |   |
| Principal occupation / Job title (See Instructions)                                  |  | Employer (See Instructions)                           |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 18/105 Rpt: 21/117                              |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access   |  | <b>3</b> Filer ID   |
| <b>4</b> Date<br>04/19/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cowling, Katie<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> New York, NY 10003      | <b>7</b> Amount of Contribution (\$)<br><br><div style="text-align: right;">\$50.00</div> |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)  |
| <b>Date</b><br>03/26/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Crockett, Angela H.<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> Philadelphia, PA 19103 | <b>Amount of Contribution (\$)</b><br><br><div style="text-align: right;">\$10.00</div>   |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>  |
| <b>Date</b><br>03/27/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cruder, Peggy<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> Aurora, CO 80017             | <b>Amount of Contribution (\$)</b><br><br><div style="text-align: right;">\$25.00</div>   |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>  |
| <b>Date</b><br>03/26/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Currington, Linda<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> Kenosha, WI 53140        | <b>Amount of Contribution (\$)</b><br><br><div style="text-align: right;">\$10.00</div>   |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>  |
| <b>Date</b><br>03/26/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cusick, Alenore<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> Glenmont, NV 12077         | <b>Amount of Contribution (\$)</b><br><br><div style="text-align: right;">\$50.00</div>   |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 19/105 Rpt: 22/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access   |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Czora, Dee<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Cedar Creek, TX 78612                | <b>7</b> Amount of Contribution (\$) \$25.00                 |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                         |
| <b>Date</b><br>03/27/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Degroot, Alison<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Amherst, MA 01002                   | <b>Amount of Contribution (\$)</b><br>\$25.00                |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>04/03/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Deurmyer, Laura<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Lubbock, TX 79413                   | <b>Amount of Contribution (\$)</b><br>\$250.00               |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>04/19/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>DiMascio, Shannon<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Plano, TX 75023                   | <b>Amount of Contribution (\$)</b><br>\$25.00                |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>03/26/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Diccico-Bloom, Barbara<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Princeton Junction, NJ 08550 | <b>Amount of Contribution (\$)</b><br>\$25.00                |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                           |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                              |   | <b>1</b> Total pages Schedule A1:<br>Sch: 20/105 Rpt: 23/117                    |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                                |   | <b>3</b> Filer ID   |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Diller, Ann | <b>7</b> Amount of Contribution (\$) <span style="float: right;">\$25.00</span> |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Gansevoort, NY 12831 |   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)                                  |   | <b>9</b> Employer (See Instructions)  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Doucet, Bethany      | Amount of Contribution (\$) <span style="float: right;">\$25.00</span>          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Lake Charles, LA 70605        |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)   |
| Date<br>04/17/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Douglas, Sandra      | Amount of Contribution (\$) <span style="float: right;">\$15.00</span>          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Lubbock, TX 79415             |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)   |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Downes, Amber        | Amount of Contribution (\$) <span style="float: right;">\$25.00</span>          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Monroe, MI 48162              |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)   |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Draper, Beth         | Amount of Contribution (\$) <span style="float: right;">\$25.00</span>          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Nelson, NH 03457              |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)   |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 21/105 Rpt: 24/117

2 FILER NAME

Lubbock Coalition For Healthcare Access

3 Filer ID

4 Date  
03/26/2021

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

7 Amount of Contribution (\$) \$25.00

6 Contributor address; City; State; Zip Code

[REDACTED]

Appleton, WI 54915

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/17/2021

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

Amount of Contribution (\$) \$25.00

Contributor address; City; State; Zip Code

[REDACTED]

Lubbock, TX 79424

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/26/2021

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

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

[REDACTED]

Washington, DC 20003

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/26/2021

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

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

[REDACTED]

Santa Cruz, CA 95063

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/13/2021

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

Amount of Contribution (\$) \$15.00

Contributor address; City; State; Zip Code

[REDACTED]

Shallowater, TX 79363

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 22/105 Rpt: 25/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access   |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>04/11/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Duncan, John        | <b>7</b> Amount of Contribution (\$) \$100.00                |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Lubbock, TX 79416                          |  |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                         |
| <b>Date</b><br>04/06/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dunn, Bryan and Linda | <b>Amount of Contribution (\$)</b><br>\$100.00               |
|  | <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Lubbock, TX 79413                            |  |
| <b>Principal occupation / Job title (See Instructions)</b>       |   | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>03/26/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dutton, Ian           | <b>Amount of Contribution (\$)</b><br>\$10.00                |
|  | <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Brooklyn, NY 11217                           |  |
| <b>Principal occupation / Job title (See Instructions)</b>       |   | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>03/26/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dwyer, James          | <b>Amount of Contribution (\$)</b><br>\$10.00                |
|  | <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Claremont, CA 91711                          |  |
| <b>Principal occupation / Job title (See Instructions)</b>       |   | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>03/26/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dyke, Ruth            | <b>Amount of Contribution (\$)</b><br>\$50.00                |
|  | <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Auburn, CA 95604                             |  |
| <b>Principal occupation / Job title (See Instructions)</b>       |   | <b>Employer (See Instructions)</b>                           |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 23/105 Rpt: 26/117

2 FILER NAME

Lubbock Coalition For Healthcare Access

3 Filer ID

4 Date  
04/19/2021

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

7 Amount of Contribution (\$) \$50.00

6 Contributor address; City; State; Zip Code

Auburn, CA 95604

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/19/2021

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

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

Lubbock, TX 79410

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/26/2021

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

Amount of Contribution (\$) \$25.00

Contributor address; City; State; Zip Code

Ithaca, NY 14850

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/19/2021

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

Amount of Contribution (\$) \$25.00

Contributor address; City; State; Zip Code

Fort Myers, FL 33908

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/26/2021

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

Amount of Contribution (\$) \$25.00

Contributor address; City; State; Zip Code

Danville, CA 94526

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>                      |  | 1 Total pages Schedule A1:<br>Sch: 24/105 Rpt: 27/117 |
| 2 FILER NAME<br>Lubbock Coalition For Healthcare Access                               |  | 3 Filer ID  |
| 4 Date<br>03/26/2021  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Elliott, Robyn   | 7 Amount of Contribution (\$)<br><br>\$25.00          |
| 6 Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Annapolis, MD 21401 |  |   |
| 8 Principal occupation / Job title (See Instructions)                                 |  | 9 Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Elneus, Jean       | Amount of Contribution (\$)<br><br>\$5.00             |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Orlando, FL 32811     |  |   |
| Principal occupation / Job title (See Instructions)                                   |  | Employer (See Instructions)                           |
| Date<br>04/21/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Elting, Kimberley  | Amount of Contribution (\$)<br><br>\$500.00           |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Dallas, TX 75209      |  |   |
| Principal occupation / Job title (See Instructions)                                   |  | Employer (See Instructions)                           |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Emerson, C Shelley | Amount of Contribution (\$)<br><br>\$25.00            |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Saratoga, CA 95070    |  |   |
| Principal occupation / Job title (See Instructions)                                   |  | Employer (See Instructions)                           |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Eskew, Ann H       | Amount of Contribution (\$)<br><br>\$25.00            |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Decatur, GA 30030     |  |   |
| Principal occupation / Job title (See Instructions)                                   |  | Employer (See Instructions)                           |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 25/105 Rpt: 28/117

2 FILER NAME

Lubbock Coalition For Healthcare Access

3 Filer ID

4 Date  
03/26/2021

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

7 Amount of Contribution (\$) \$25.00

6 Contributor address; City; State; Zip Code

[REDACTED]

Houston, TX 77076

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
03/26/2021

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

Amount of Contribution (\$) \$25.00

Contributor address; City; State; Zip Code

[REDACTED]

Omaha, NE 68138

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/26/2021

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

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

[REDACTED]

Mountain View, CA 94040

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/26/2021

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

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

[REDACTED]

San Jose, CA 95136

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/26/2021

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

Amount of Contribution (\$) \$5.00

Contributor address; City; State; Zip Code

[REDACTED]

Brooklyn, NY 11226

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                   |   | 1 Total pages Schedule A1:<br>Sch: 26/105 Rpt: 29/117 |
| 2 FILER NAME<br>Lubbock Coalition For Healthcare Access                            |   | 3 Filer ID  |
| 4 Date<br>04/02/2021   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fikes, Amy and Lee | 7 Amount of Contribution (\$)<br><br>\$25,000.00      |
| 6 Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Dallas, TX 75205 |   |   |
| 8 Principal occupation / Job title (See Instructions)                              |   | 9 Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fishman, Bobbie      | Amount of Contribution (\$)<br><br>\$50.00            |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Hopewell, NJ 08525 |   |   |
| Principal occupation / Job title (See Instructions)                                |   | Employer (See Instructions)                           |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fitzpatrick, Sydney  | Amount of Contribution (\$)<br><br>\$20.00            |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Houston, TX 77030  |   |   |
| Principal occupation / Job title (See Instructions)                                |   | Employer (See Instructions)                           |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fleisch, Patricia    | Amount of Contribution (\$)<br><br>\$20.00            |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Novato, CA 94947   |   |   |
| Principal occupation / Job title (See Instructions)                                |   | Employer (See Instructions)                           |
| Date<br>04/08/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fling, Lorraine      | Amount of Contribution (\$)<br><br>\$10.00            |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Elbert, CO 80106   |   |   |
| Principal occupation / Job title (See Instructions)                                |   | Employer (See Instructions)                           |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                |  | <b>1</b> Total pages Schedule A1:<br>Sch: 27/105 Rpt: 30/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                  |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Foote, Claire | <b>7</b> Amount of Contribution (\$)<br><br>\$5.00           |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Angel Fire, NM 87710 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                    |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/19/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Forsyth, Lora          | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br><br>Plano, TX 75075               |  |  |
| Principal occupation / Job title (See Instructions)                             |  | Employer (See Instructions)                                  |
| Date<br>04/19/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Fountain, Cindy        | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br><br>Cleburne, TX 76033            |  |  |
| Principal occupation / Job title (See Instructions)                             |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Foust, Pamela          | Amount of Contribution (\$)<br><br>\$20.00                   |
| Contributor address; City; State; Zip Code<br><br>Phoenix, AZ 85006             |  |  |
| Principal occupation / Job title (See Instructions)                             |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Franco, Elaine         | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br><br>Woodland, CA 95776            |  |  |
| Principal occupation / Job title (See Instructions)                             |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 28/105 Rpt: 31/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                            |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Frede, Martha | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78731 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                              |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fregapane, Joan        | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Norridge, IL 60706        |   |  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                  |
| Date<br>03/28/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Friedman, Nancy        | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Houston, TX 77055         |   |  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Frohmaster, Ricardo    | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Hollywood, FL 33024       |   |  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fuentes-Filp, Marta    | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Oakland, CA 94605         |   |  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                  |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                                |  | <b>1</b> Total pages Schedule A1:<br>Sch: 29/105 Rpt: 32/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                                  |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Funston, Lisa | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Carlsbad, CA 92011 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                    |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/02/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gadea, Carlos          | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Austin, TX 78723            |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gardner, Suzy          | Amount of Contribution (\$)<br><br>\$75.00                   |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Colorado Springs, CO 80919  |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>03/23/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gaskill, Melissa       | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Austin, TX 78725            |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>04/21/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gendason, Melissa      | Amount of Contribution (\$)<br><br>\$250.00                  |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Dallas, TX 75248            |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>                        |  | 1 Total pages Schedule A1:<br>Sch: 30/105 Rpt: 33/117 |
| 2 FILER NAME<br>Lubbock Coalition For Healthcare Access                                 |  | 3 Filer ID  |
| 4 Date<br>03/27/2021  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Giese, Charlotte Giese | 7 Amount of Contribution (\$)<br><br>\$100.00         |
| 6 Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>San Carlos, CA 94070  |  |   |
| 8 Principal occupation / Job title (See Instructions)                                   |  | 9 Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gilroy, Sarah Kathryn    | Amount of Contribution (\$)<br><br>\$10.00            |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Baltimore, MD 21218     |  |   |
| Principal occupation / Job title (See Instructions)                                     |  | Employer (See Instructions)                           |
| Date<br>03/30/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Goetz, Jeffrey           | Amount of Contribution (\$)<br><br>\$7.00             |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Reno, NY 89509          |  |   |
| Principal occupation / Job title (See Instructions)                                     |  | Employer (See Instructions)                           |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Goldberg, Ceil           | Amount of Contribution (\$)<br><br>\$10.00            |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Silver Spring, MD 20902 |  |   |
| Principal occupation / Job title (See Instructions)                                     |  | Employer (See Instructions)                           |
| Date<br>04/20/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gonzalez, Paula          | Amount of Contribution (\$)<br><br>\$25.00            |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78757        |  |   |
| Principal occupation / Job title (See Instructions)                                     |  | Employer (See Instructions)                           |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 31/105 Rpt: 34/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access   |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Goodman, Rebecca<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Greenville, MS 38701 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00          |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/23/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Goodwin, Constance<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Lubbock, TX 79410                    | Amount of Contribution (\$)<br><br>\$50.00                   |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                  |
| Date<br>03/29/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Goodwin, Constance<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Lubbock, TX 79410                    | Amount of Contribution (\$)<br><br>\$30.00                   |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                  |
| Date<br>04/09/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Goodwin, Constance<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Lubbock, TX 79410                    | Amount of Contribution (\$)<br><br>\$25.00                   |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                  |
| Date<br>04/19/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Goodwin, Paula<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Mill Valley, CA 94941                    | Amount of Contribution (\$)<br><br>\$25.00                   |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                       |   | <b>1</b> Total pages Schedule A1:<br>Sch: 32/105 Rpt: 35/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                         |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gordon, Megan | <b>7</b> Amount of Contribution (\$) \$50.00                 |
| <b>6</b> Contributor address; City; State; Zip Code<br>██████████<br>Addison, TX 75001 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                           |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gould, Yumi            | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>██████████<br>Portales, NM 88130         |   |  |
| Principal occupation / Job title (See Instructions)                                    |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Graddy-Reed, Alexandra | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>██████████<br>Pasadena, CA 91104         |   |  |
| Principal occupation / Job title (See Instructions)                                    |   | Employer (See Instructions)                                  |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Graham, Glynn          | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>██████████<br>Cedar Creek, TX 78612      |   |  |
| Principal occupation / Job title (See Instructions)                                    |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Green, Akiba           | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>██████████<br>Sacramento, CA 95831       |   |  |
| Principal occupation / Job title (See Instructions)                                    |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 33/105 Rpt: 36/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access   |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>04/05/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Green, Robin<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Lubbock, TX 79416 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Greenberg, Susan<br><hr/> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> New Rochelle, NY 10804          | Amount of Contribution (\$)<br><br>\$25.00                   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                  |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gresham, Cynthia<br><hr/> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Beaumont, TX 77706              | Amount of Contribution (\$)<br><br>\$25.00                   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                  |
| Date<br>04/09/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Griffie, Greta<br><hr/> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Lubbock, TX 79413                 | Amount of Contribution (\$)<br><br>\$25.00                   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Griffith, Robert<br><hr/> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Morgantown, WV 26505            | Amount of Contribution (\$)<br><br>\$25.00                   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 34/105 Rpt: 37/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                                   |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/27/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hahn, Joy | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>San Francisco, CA 94133 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                     |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hale, KT           | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>La Canada, CA 91011              |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hall, Ella         | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Sharpsburg, GA 30277             |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hall, Teresa       | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Milan, MI 48160                  |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hammond, Phyllis   | Amount of Contribution (\$)<br><br>\$15.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Dallas, TX 75243                 |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 35/105 Rpt: 38/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                   |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hammonds, Don | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Lake Dallas, TX 75065 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                     |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hamner, Polly B        | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br><br>Marshall, WI 53559             |  |  |
| Principal occupation / Job title (See Instructions)                              |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hansen, Melanie        | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br><br>Columbia, SC 29201             |  |  |
| Principal occupation / Job title (See Instructions)                              |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Harding, Brianna       | Amount of Contribution (\$)<br><br>\$5.00                    |
| Contributor address; City; State; Zip Code<br><br>Edwardsville, PA 18704         |  |  |
| Principal occupation / Job title (See Instructions)                              |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hatfield, Linda        | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br><br>West Ossipee, NH 03890         |  |  |
| Principal occupation / Job title (See Instructions)                              |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 36/105 Rpt: 39/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                               |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hausman, Robert | <b>7</b> Amount of Contribution (\$)<br><br>\$15.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Woodstock, NY 12498 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                 |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Haynes, Kim              | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Walland, TN 37886            |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hecht, Beth              | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Aptos, CA 95003              |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Helton, Andrew           | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78745             |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Henderson, Judith        | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Tucson, AZ 85718             |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 37/105 Rpt: 40/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access   |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hendrickson, Donna<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Santa Rosa, CA 95409 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00          |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hess, Sandra<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Baltimore, MD 21211                          | Amount of Contribution (\$)<br><br>\$100.00                  |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                  |
| Date<br>04/20/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hester, Thomas<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Silver City, NM 88061                      | Amount of Contribution (\$)<br><br>\$100.00                  |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hewitt, Carolyn<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Boston, MA 02130                          | Amount of Contribution (\$)<br><br>\$25.00                   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                  |
| Date<br>04/08/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Higbee, Laura<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Nashville, TN 37203                         | Amount of Contribution (\$)<br><br>\$10.00                   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 38/105 Rpt: 41/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                               |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>04/15/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Higbee, Laura | <b>7</b> Amount of Contribution (\$) \$10.00                 |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Nashville, TN 37203 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                 |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hinkle, Christina      | Amount of Contribution (\$) \$10.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Lansing, MI 48917            |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hirschfeld, Heather    | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Knoxville, TN 37919          |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hobbs, Ann             | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Silver Spring, MD 20901      |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Holeva, Carla          | Amount of Contribution (\$) \$100.00                         |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Midland, TX 79705            |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 39/105 Rpt: 42/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                             |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Holland, Sandra | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Topsham, ME 04086 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                               |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/19/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hollows, Anne            | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Sudbury, MA 01776          |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>04/05/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Holt, Stannie            | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>San Mateo, CA 94401        |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Home, Colleen            | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Brooklyn, NY 11215         |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Horan-Fortina, Lori      | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Omaha, NE 68134            |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 40/105 Rpt: 43/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                               |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Horner, Bonnie | <b>7</b> Amount of Contribution (\$) \$250.00                |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Mountain View, CA 94043 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                 |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/15/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hosey, Marilyn          | Amount of Contribution (\$) \$100.00                         |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Dallas, TX 75218                 |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Houghton, Barbara       | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Oxford, KS 67119                 |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hourcade, Catherine     | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Stockton, CA 95203               |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>House, Eulalia          | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Chicago, IL 60614                |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 41/105 Rpt: 44/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access   |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>04/19/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Howell, luAnn<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78758 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00          |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hsu, Benjamin<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>San Carlos, CA 94070               | Amount of Contribution (\$)<br><br>\$25.00                   |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Huber, Christine J<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Durham, NC 27707              | Amount of Contribution (\$)<br><br>\$50.00                   |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hudgins, Jerry<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Point Reyes Station, CA 94956     | Amount of Contribution (\$)<br><br>\$20.00                   |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                  |
| Date<br>04/20/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hudson, Whitney<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Allen, TX 75013                  | Amount of Contribution (\$)<br><br>\$25.00                   |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 42/105 Rpt: 45/117                    |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                            |   | <b>3</b> Filer ID   |
| <b>4</b> Date<br>04/19/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hunter, Andra | <b>7</b> Amount of Contribution (\$) <span style="float: right;">\$25.00</span> |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>DALLAS, TX 75218 |   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)                              |   | <b>9</b> Employer (See Instructions)  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hunter, Wendy          | Amount of Contribution (\$) <span style="float: right;">\$15.00</span>          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Portland, OR 97219        |   |   |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)   |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hushbeck, J            | Amount of Contribution (\$) <span style="float: right;">\$100.00</span>         |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Davis, CA 95616           |   |   |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)   |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hutter, Kaye           | Amount of Contribution (\$) <span style="float: right;">\$10.00</span>          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Boxford, MA 01921         |   |   |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)   |
| Date<br>04/19/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hyzak, Travis          | Amount of Contribution (\$) <span style="float: right;">\$25.00</span>          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78723          |   |   |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                |   | <b>1</b> Total pages Schedule A1:<br>Sch: 43/105 Rpt: 46/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                  |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ingle, Jo | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00         |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Las Cruces, NM 88007 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                    |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ivy, Heather       | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br><br>Eugene, OR 97401              |   |  |
| Principal occupation / Job title (See Instructions)                             |   | Employer (See Instructions)                                  |
| Date<br>04/15/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jacka, Ashlee      | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79416             |   |  |
| Principal occupation / Job title (See Instructions)                             |   | Employer (See Instructions)                                  |
| Date<br>04/15/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jackson, Lyn       | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79424             |   |  |
| Principal occupation / Job title (See Instructions)                             |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jacob, Debra       | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br><br>Milwaukee, WI 53216           |   |  |
| Principal occupation / Job title (See Instructions)                             |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 44/105 Rpt: 47/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access   |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jacobs, Alex       | <b>7</b> Amount of Contribution (\$) \$25.00                 |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>NEW YORK, NY 10003                    |  |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                         |
| <b>Date</b><br>04/19/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jambulapati, Padmini | <b>Amount of Contribution (\$)</b><br>\$25.00                |
|  | <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br><br>Houston, TX 77023                       |  |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>03/26/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Janczewski, Michelle | <b>Amount of Contribution (\$)</b><br>\$25.00                |
|  | <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br><br>Burbank, CA 91505                       |  |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>03/26/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jay, Patty           | <b>Amount of Contribution (\$)</b><br>\$10.00                |
|  | <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br><br>New Port Richey, FL 34654               |  |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>04/01/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Joachim, Rita        | <b>Amount of Contribution (\$)</b><br>\$6.00                 |
|  | <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br><br>Spring Valley, NY 10977                 |  |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                           |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                            |   | <b>1</b> Total pages Schedule A1:<br>Sch: 45/105 Rpt: 48/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                              |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Johnson, William | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>New York, NY 10036 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Judd, Barbara             | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Sarasota, FL 34234          |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kane, Irene               | Amount of Contribution (\$)<br><br>\$15.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Oakland, CA 94605           |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>03/27/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kanter, Roseanne          | Amount of Contribution (\$)<br><br>\$18.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Lawrence Township, NJ 08648 |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>04/19/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Karol, Jennifer           | Amount of Contribution (\$)<br><br>\$1,500.00                |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Dallas, TX 75229            |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 46/105 Rpt: 49/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                            |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>04/21/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Karol, Jennifer | <b>7</b> Amount of Contribution (\$)<br><br>\$3,500.00       |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Dallas, TX 75229 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                              |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/19/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Keith, Amber             | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78735          |   |  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kim, Ann                 | Amount of Contribution (\$)<br><br>\$5.00                    |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Los Angeles, CA 90034     |   |  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                  |
| Date<br>04/21/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kirschner, Geraldine     | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Kyle, TX 78640            |   |  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Konoske, Paula           | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>San Diego, CA 92107       |   |  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 47/105 Rpt: 50/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                            |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Konradi, Amanda | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Towson, MD 21286 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                              |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Krathwohl, Kristin       | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>West Chicago, IL 60185    |  |  |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                                  |
| Date<br>04/01/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kraus, Lisa              | Amount of Contribution (\$)<br><br>\$5,000.00                |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Dallas, TX 75209          |  |  |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kresek, Robert           | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Los Altos, CA 94022       |  |  |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                                  |
| Date<br>04/20/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kricheff, Michelle       | Amount of Contribution (\$)<br><br>\$18.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78752          |  |  |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                                      |  | <b>1</b> Total pages Schedule A1:<br>Sch: 48/105 Rpt: 51/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access  |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kriegstein, Alan | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Huntington, NY 11743         |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kuskowski, Deborah        | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Charter Township of Clinton, MI 48038 |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>04/19/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>LOVE, KATHLEEN            | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Dallas, TX 75218                      |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>03/29/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>LaRocca, Sarah            | Amount of Contribution (\$)<br><br>\$200.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>San Francisco, CA 94103               |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>LaZelle, Randi            | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Cottage Grove, OR 97424               |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 49/105 Rpt: 52/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access   |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>04/08/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lambrecht, Ken<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Austin, TX 78703 | <b>7</b> Amount of Contribution (\$)<br><br>\$350.00         |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/30/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lamont, Jane<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Walnut Creek, CA 94595               | Amount of Contribution (\$)<br><br>\$50.00                   |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lane, Felicia<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Newport Beach, CA 92660             | Amount of Contribution (\$)<br><br>\$25.00                   |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Langworthy, Muriel<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Lake Ridge, VA 22192           | Amount of Contribution (\$)<br><br>\$100.00                  |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Larkin, Kathleen<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Dallas, TX 75219                 | Amount of Contribution (\$)<br><br>\$50.00                   |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 50/105 Rpt: 53/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                             |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>04/19/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lary, Michelle | <b>7</b> Amount of Contribution (\$) \$100.00                |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Lubbock, TX 79410 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                               |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lasa-Sloan, Maria       | Amount of Contribution (\$) \$50.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Chevy Chase, MD 20815      |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>04/19/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Laster, Dorothea        | Amount of Contribution (\$) \$50.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Corinth, TX 76210          |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lather, Anndrey         | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Venice, FL 34393           |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>04/20/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lau, Shannon            | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Addison, TX 75001          |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 51/105 Rpt: 54/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access   |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Laubgross, Janet<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> Boca Raton, FL 33433 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00          |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/12/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Laubmeier, Amanda<br><hr/> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> Lubbock, TX 79416                     | Amount of Contribution (\$)<br><br>\$25.00                   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                  |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lawley, Gail<br><hr/> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> tucson, AZ 85710                           | Amount of Contribution (\$)<br><br>\$5.00                    |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lawrence, Melanie<br><hr/> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> Washington, DC 20002                  | Amount of Contribution (\$)<br><br>\$25.00                   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                  |
| Date<br>04/01/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lebowitz Aberly Family Foundation<br><hr/> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Boston, MA 02114      | Amount of Contribution (\$)<br><br>\$5,000.00                |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 52/105 Rpt: 55/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                               |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lee, Hsueh-tze | <b>7</b> Amount of Contribution (\$)<br><br>\$15.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Watertown, MA 02472 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                 |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Limburg, Peter R.       | Amount of Contribution (\$)<br><br>\$250.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Sleepy Hollow, NY 10591      |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Link, Robert            | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Hillsboro, OR 97124          |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>04/02/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lipchik, Elliot and Eva | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Milwaukee, WI 53202          |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Loew, Linda             | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Los Gatos, CA 95030          |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                               |  | <b>1</b> Total pages Schedule A1:<br>Sch: 53/105 Rpt: 56/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                                 |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/27/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Long, Elizabeth | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Houston, TX 77030 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                   |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/03/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Long, Elizabeth          | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Houston, TX 77030          |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Loritz, Anja             | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Tustin, CA 92780           |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Love, Ann Marie          | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Traverse City, MI 49684    |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>04/15/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lowe, Frances            | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Lubbock, TX 79413          |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 54/105 Rpt: 57/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                             |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/27/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lowe, Laura | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>LUBBOCK, TX 79413 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                               |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/19/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lowe, Victoria       | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Fort Davis, TX 79734       |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>04/21/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lowenberg, Julie     | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Dallas, TX 75209           |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>04/19/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lufkin, Elise B      | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Hailey, ID 83333           |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>04/21/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lyle, Frances        | Amount of Contribution (\$)<br><br>\$1,000.00                |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Ft. Worth, TX 76109        |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 55/105 Rpt: 58/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                            |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lyon, Carol | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00         |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Frisco, TX 75036 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                              |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/16/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>M.Kennard, Karen     | Amount of Contribution (\$)<br><br>\$500.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>austin, TX 78701          |  |  |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>MCCAMMON, KATIE      | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>GRASS VALLEY, CA 95945    |  |  |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                                  |
| Date<br>04/21/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>MacLean, Leslie      | Amount of Contribution (\$)<br><br>\$250.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Dallas, TX 75201          |  |  |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mandel, Miranda      | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Chicago, IL 60602         |  |  |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                     |  | <b>1</b> Total pages Schedule A1:<br>Sch: 56/105 Rpt: 59/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                       |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mann, Patricia | <b>7</b> Amount of Contribution (\$) \$15.00                 |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Indio, CA 92201 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                         |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/19/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Martin, Nicole          | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Richardson, TX 75080     |  |  |
| Principal occupation / Job title (See Instructions)                                  |  | Employer (See Instructions)                                  |
| Date<br>04/21/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Martin, Patsy           | Amount of Contribution (\$) \$1,000.00                       |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Dallas, TX 75219         |  |  |
| Principal occupation / Job title (See Instructions)                                  |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Martinez, Sonya         | Amount of Contribution (\$) \$100.00                         |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Santa Cruz, CA 95060     |  |  |
| Principal occupation / Job title (See Instructions)                                  |  | Employer (See Instructions)                                  |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Martins, Marcie         | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>SF, CA 94102             |  |  |
| Principal occupation / Job title (See Instructions)                                  |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                               |  | <b>1</b> Total pages Schedule A1:<br>Sch: 57/105 Rpt: 60/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                                 |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mattern, Caitlyn | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>New Orleans, LA 70124 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                   |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>May, Jeanette             | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Brooklyn, NY 11232             |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McAlister, Gay            | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Crystal Beach, TX 77650        |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McCartney, Robert         | Amount of Contribution (\$)<br><br>\$5.00                    |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Killeen, TX 76549              |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McCleskey, Kathie         | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Baltimore, MD 21230            |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                            |  | <b>1</b> Total pages Schedule A1:<br>Sch: 58/105 Rpt: 61/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                              |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McDaniel, Janice | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Westland, MI 48185 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/19/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McGarr, Janie             | Amount of Contribution (\$)<br><br>\$500.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Dallas, TX 75220            |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>03/29/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McGee, Lynn               | Amount of Contribution (\$)<br><br>\$15.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>San Jose, CA 95129          |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McGinley, Michael         | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>San Francisco, CA 94115     |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>04/15/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McIntosh, Lance           | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Lubbock, TX 79407           |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                              |   | <b>1</b> Total pages Schedule A1:<br>Sch: 59/105 Rpt: 62/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                                |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/25/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McKinney, sheila | <b>7</b> Amount of Contribution (\$)<br><br>\$2,500.00       |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Dallas, TX 75254 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                  |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/21/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McManemin, Megan          | Amount of Contribution (\$)<br><br>\$500.00                  |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Dallas, TX 75229          |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McMurry, Jude             | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>San Antonio, TX 78216     |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McPherson, Linda          | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Benton Harbor, MI 49022   |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>04/19/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McRae, Kimberly           | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Lancaster, TX 75146       |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                            |  | <b>1</b> Total pages Schedule A1:<br>Sch: 60/105 Rpt: 63/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                              |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Meerson, Alice | <b>7</b> Amount of Contribution (\$)<br><br>\$5.00           |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Pasadena, CA 91106 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/21/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Meier, Tammy            | Amount of Contribution (\$)<br><br>\$20.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Ben Lomond, CA 95005        |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>03/25/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mendoza, Mayra          | Amount of Contribution (\$)<br><br>\$125.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>San Antonio, TX 78225       |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>04/19/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mercer, Tiffany         | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Tyler, TX 75701             |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>04/20/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Merritt, Marlene        | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78751            |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 61/105 Rpt: 64/117

2 FILER NAME

Lubbock Coalition For Healthcare Access

3 Filer ID

4 Date  
04/19/2021

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

7 Amount of Contribution (\$) \$100.00

6 Contributor address; City; State; Zip Code

[REDACTED]

Houston, TX 77055

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
03/26/2021

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

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

[REDACTED]

Arnold, MD 21012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/26/2021

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Miller, Evelyn S

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

[REDACTED]

Blairsville, GA 30512

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/26/2021

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

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

[REDACTED]

Fort Collins, CO 80525

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/02/2021

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

Amount of Contribution (\$) \$10.00

Contributor address; City; State; Zip Code

[REDACTED]

Somerville, MA 02143

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 62/105 Rpt: 65/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                            |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Millett, Katherine | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00         |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Denver, CO 80206 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                              |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/14/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mills, Bonnie               | Amount of Contribution (\$)<br><br>\$1,000.00                |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78731          |  |  |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mitchell, Kelly             | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Dallas, TX 75219          |  |  |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                                  |
| Date<br>04/19/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mitchell, Kelly             | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Dallas, TX 75219          |  |  |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                                  |
| Date<br>04/19/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mohan, Laura                | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Winnsboro, TX 75494       |  |  |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                              |   | <b>1</b> Total pages Schedule A1:<br>Sch: 63/105 Rpt: 66/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                                |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>04/19/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Moline, Monica | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Dallas, TX 75208 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                  |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Morgan, Patricia        | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>phoenix, OR 97535         |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>04/19/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Morian, Sarah           | Amount of Contribution (\$)<br><br>\$500.00                  |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Houston, TX 77005         |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Moskow, Patrice         | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Providence, RI 02906      |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mulligan, JL            | Amount of Contribution (\$)<br><br>\$20.00                   |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Charlottesville, VA 22901 |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 64/105 Rpt: 67/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                             |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Nail, Kathryn | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Lubbock, TX 79424 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                               |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Nakamura, Heidi        | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Valley Village, CA 91607   |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Napolitano, Dianne     | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Kennebunk, ME 04043        |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Nathanson, Linda       | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Santa Monica, CA 90402     |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>04/12/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Neitch, Kenna          | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Victoria, TX 77904         |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 65/105 Rpt: 68/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                                   |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>04/21/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Neumann, Iliana | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00         |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Mc Gregor, TX 76657 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                     |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Newman, Iris             | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Philadelphia, PA 19103       |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Noderer, Eric            | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Port Clinton, OH 43452       |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>04/21/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Noel, Melita             | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Austin, TX 78744             |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Noonan, Judie            | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Baton Rouge, LA 70817        |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 66/105 Rpt: 69/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                          |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/27/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Norris, Peter | <b>7</b> Amount of Contribution (\$) \$95.00                 |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Chilmark, MA 02535 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                            |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/19/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Northrup, Montgomer D  | Amount of Contribution (\$) \$50.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Lockhart, TX 78644          |   |  |
| Principal occupation / Job title (See Instructions)                                     |   | Employer (See Instructions)                                  |
| Date<br>04/15/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Nuckolls, Sarah        | Amount of Contribution (\$) \$250.00                         |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Lubbock, TX 79424           |   |  |
| Principal occupation / Job title (See Instructions)                                     |   | Employer (See Instructions)                                  |
| Date<br>03/29/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>O'lear, Betty          | Amount of Contribution (\$) \$50.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Ashburn, VA 20147           |   |  |
| Principal occupation / Job title (See Instructions)                                     |   | Employer (See Instructions)                                  |
| Date<br>04/21/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>ONEAL, BARBARA         | Amount of Contribution (\$) \$250.00                         |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Waco, TX 76708              |   |  |
| Principal occupation / Job title (See Instructions)                                     |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                         |  | <b>1</b> Total pages Schedule A1:<br>Sch: 67/105 Rpt: 70/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                           |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>OSTROFF, DONNA | <b>7</b> Amount of Contribution (\$)<br><br>\$15.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>RYDAL, PA 19046 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                             |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/20/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Orr, Carla              | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Saint Jo, TX 76265       |  |  |
| Principal occupation / Job title (See Instructions)                                      |  | Employer (See Instructions)                                  |
| Date<br>04/17/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Orr, Wesley             | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Lubbock, TX 79423        |  |  |
| Principal occupation / Job title (See Instructions)                                      |  | Employer (See Instructions)                                  |
| Date<br>03/31/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Osterlund, Annette      | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>West Windsor, NJ 08550   |  |  |
| Principal occupation / Job title (See Instructions)                                      |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Oursler, Anne           | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Somerville, MA 02144     |  |  |
| Principal occupation / Job title (See Instructions)                                      |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                      |   | <b>1</b> Total pages Schedule A1:<br>Sch: 68/105 Rpt: 71/117                    |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                        |   | <b>3</b> Filer ID   |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Oziel, Laurel | <b>7</b> Amount of Contribution (\$) <span style="float: right;">\$25.00</span> |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Tigard, OR 97223 |   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)                          |   | <b>9</b> Employer (See Instructions)  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>POWERS, JOAN           | Amount of Contribution (\$) <span style="float: right;">\$250.00</span>         |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>WASHINGTON, DC 20008      |   |   |
| Principal occupation / Job title (See Instructions)                                   |   | Employer (See Instructions)   |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Padiou, Pascale        | Amount of Contribution (\$) <span style="float: right;">\$100.00</span>         |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>New York, NY 10011        |   |   |
| Principal occupation / Job title (See Instructions)                                   |   | Employer (See Instructions)   |
| Date<br>03/29/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Paolillo, Gina         | Amount of Contribution (\$) <span style="float: right;">\$50.00</span>          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Nashua, NH 03060          |   |   |
| Principal occupation / Job title (See Instructions)                                   |   | Employer (See Instructions)   |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Papazian, Quinn        | Amount of Contribution (\$) <span style="float: right;">\$10.00</span>          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Cambridge, MA 02139       |   |   |
| Principal occupation / Job title (See Instructions)                                   |   | Employer (See Instructions)   |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                            |  | <b>1</b> Total pages Schedule A1:<br>Sch: 69/105 Rpt: 72/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                              |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Paradice, Debra | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00         |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Marietta, GA 30067 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Paris, Steve             | Amount of Contribution (\$)<br><br>\$5.00                    |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Edmond, OK 73083            |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Patterson, Nancy         | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Reston, VA 20191            |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Paulson, Gwen            | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Alexandria, VA 22304        |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>04/08/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Payne, Tanya             | Amount of Contribution (\$)<br><br>\$250.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78746            |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                               |   | <b>1</b> Total pages Schedule A1:<br>Sch: 70/105 Rpt: 73/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                                 |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Peck, Valerie | <b>7</b> Amount of Contribution (\$)<br><br>\$15.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Los Angeles, CA 90016 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                   |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Penna, Catherine       | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Oakdale, NY 11769              |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Petzel, Maria          | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Houston, TX 77025              |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>04/19/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Peñaloza, Sylvia       | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>El Paso, TX 79932              |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pickett-Gordon, Shauna | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Montara, CA 94037              |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 71/105 Rpt: 74/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access   |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>04/14/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Planned Parenthood Texas Votes PAC<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Austin, TX 78704                                     | <b>7</b> Amount of Contribution (\$)<br>\$25.00              |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/24/2021   | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>12FE4M5</u> )<br>Planned Parenthood of Orange and San Bernardino Counties' Community<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Anaheim, CA 92805 | Amount of Contribution (\$)<br>\$50,000.00                   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                  |
| Date<br>03/31/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Poer, Sally<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Richardson, TX 75080  | Amount of Contribution (\$)<br>\$50.00                       |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pollard, Jesse<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Houston, TX 77058  | Amount of Contribution (\$)<br>\$1,000.00                    |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Powers, Susan<br><hr/> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Lafayette, CO 80026   | Amount of Contribution (\$)<br>\$50.00                       |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 72/105 Rpt: 75/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                          |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Proffitt, Alicia | <b>7</b> Amount of Contribution (\$) \$100.00                |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Brighton, MI 48116 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                            |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/01/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Puffinburger, Therese     | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Atlanta, GA 30309           |  |  |
| Principal occupation / Job title (See Instructions)                                     |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>REUBEN, BETTY             | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Sacramento, CA 95825        |  |  |
| Principal occupation / Job title (See Instructions)                                     |  | Employer (See Instructions)                                  |
| Date<br>03/27/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rahmeier, Lynne           | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Woburn, MA 01801            |  |  |
| Principal occupation / Job title (See Instructions)                                     |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Raines, Carl              | Amount of Contribution (\$) \$50.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Dallas, TX 75218            |  |  |
| Principal occupation / Job title (See Instructions)                                     |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>            |  | <b>1</b> Total pages Schedule A1:<br>Sch: 73/105 Rpt: 76/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access              |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rapport, Deborah | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00         |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Orange, CA 92869 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rasulev, Bakhtiyor        | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br><br>FARGO, ND 58103           |  |  |
| Principal occupation / Job title (See Instructions)                         |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ratiu, Betta              | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br><br>Sugar Grove, IL 60554     |  |  |
| Principal occupation / Job title (See Instructions)                         |  | Employer (See Instructions)                                  |
| Date<br>04/19/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Raymer, Lin               | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br><br>Austin, TX 78749          |  |  |
| Principal occupation / Job title (See Instructions)                         |  | Employer (See Instructions)                                  |
| Date<br>04/21/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rayzor, Selwyn            | Amount of Contribution (\$)<br><br>\$1,000.00                |
| Contributor address; City; State; Zip Code<br><br>Dallas, TX 75225          |  |  |
| Principal occupation / Job title (See Instructions)                         |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                               |   | <b>1</b> Total pages Schedule A1:<br>Sch: 74/105 Rpt: 77/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                                 |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Reavely, Linda      | <b>7</b> Amount of Contribution (\$) \$15.00                 |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>North Hollywood, CA 91601 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                   |   | <b>9</b> Employer (See Instructions)                         |
| <b>Date</b><br>03/26/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Recht, Barbara        | <b>Amount of Contribution (\$)</b><br>\$25.00                |
| <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Ramsey, NJ 07446            |   |  |
| <b>Principal occupation / Job title (See Instructions)</b>                                     |   | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>03/27/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Reese, Mary           | <b>Amount of Contribution (\$)</b><br>\$25.00                |
| <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Brooklyn, NY 11209          |   |  |
| <b>Principal occupation / Job title (See Instructions)</b>                                     |   | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>03/26/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Reich, Lindsay        | <b>Amount of Contribution (\$)</b><br>\$15.00                |
| <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Austin, TX 78739            |   |  |
| <b>Principal occupation / Job title (See Instructions)</b>                                     |   | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>03/26/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Reichenbach, Patricia | <b>Amount of Contribution (\$)</b><br>\$25.00                |
| <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Pflugerville, TX 78660      |   |  |
| <b>Principal occupation / Job title (See Instructions)</b>                                     |   | <b>Employer (See Instructions)</b>                           |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 75/105 Rpt: 78/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                            |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Reid, James | <b>7</b> Amount of Contribution (\$) \$25.00                 |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78735 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                              |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Resnikoff, Dorit     | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Berkeley, CA 94702        |   |  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rich, Karen          | Amount of Contribution (\$) \$5.00                           |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Hallandale, FL 33009      |   |  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Richards, Carli      | Amount of Contribution (\$) \$5.00                           |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Akron, OH 44311           |   |  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rico, Tiffany        | Amount of Contribution (\$) \$20.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>atlanta, GA 30329         |   |  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                                |   | <b>1</b> Total pages Schedule A1:<br>Sch: 76/105 Rpt: 79/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                                  |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Riggs, Jane Ann | <b>7</b> Amount of Contribution (\$) \$100.00                |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Saint Petersburg, FL 33701 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                    |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rittmann, Mary           | Amount of Contribution (\$) \$50.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Orinda, CA 94563                    |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>04/19/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rivers, Adrienne         | Amount of Contribution (\$) \$50.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Austin, TX 78703                    |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Robe, Penny              | Amount of Contribution (\$) \$100.00                         |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Plano, TX 75024                     |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>04/16/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Roberts, Lou             | Amount of Contribution (\$) \$50.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Lubbock, TX 79493                   |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 77/105 Rpt: 80/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                             |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rodgers, Janice | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00         |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Chicago, IL 60614 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                               |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rodriguez, Mariela       | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>AUSTIN, TX 78758           |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rodriguez-Ortiz, Azaria  | Amount of Contribution (\$)<br><br>\$3.00                    |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Moosup, CT 06354           |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>04/13/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rogat, Edie              | Amount of Contribution (\$)<br><br>\$1,000.00                |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78703           |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Roloson, Gary            | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Arlington, TX 76017        |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 78/105 Rpt: 81/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                               |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>04/02/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Roloson, Gary | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Arlington, TX 76017 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                 |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/09/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Roloson, Gary          | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Arlington, TX 76017          |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>04/16/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Roloson, Gary          | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Arlington, TX 76017          |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rosenberg, Helen       | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>New York, NY 10001           |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/25/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rosenthal, Jennie      | Amount of Contribution (\$)<br><br>\$500.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Cincinnati, OH 45206         |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                  |   | <b>1</b> Total pages Schedule A1:<br>Sch: 79/105 Rpt: 82/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                    |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rosin, Steve | <b>7</b> Amount of Contribution (\$)<br><br>\$15.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Pasadena, CA 91101     |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                      |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ross, Rebecca         | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br><br>Bloomfield Hills, MI 48304      |   |  |
| Principal occupation / Job title (See Instructions)                               |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ross, Sara            | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br><br>Boulder, CO 80302               |   |  |
| Principal occupation / Job title (See Instructions)                               |   | Employer (See Instructions)                                  |
| Date<br>04/20/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rouse, Audra          | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br><br>New Orleans, LA 70115           |   |  |
| Principal occupation / Job title (See Instructions)                               |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rowe, Cynthia         | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br><br>Rolling Hills Estates, CA 90274 |   |  |
| Principal occupation / Job title (See Instructions)                               |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 80/105 Rpt: 83/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                          |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rowe, Gr | <b>7</b> Amount of Contribution (\$) \$25.00                 |
| <b>6</b> Contributor address; City; State; Zip Code<br>██████████<br><br>Bend, OR 97703 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                            |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Roworth, Wendy    | Amount of Contribution (\$) \$50.00                          |
| Contributor address; City; State; Zip Code<br>██████████<br><br>Providence, RI 02906    |  |  |
| Principal occupation / Job title (See Instructions)                                     |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rowson, Tracie    | Amount of Contribution (\$) \$15.00                          |
| Contributor address; City; State; Zip Code<br>██████████<br><br>Berkeley, CA 94709      |  |  |
| Principal occupation / Job title (See Instructions)                                     |  | Employer (See Instructions)                                  |
| Date<br>03/27/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Russ, Tanya       | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>██████████<br><br>Reading, PA 19607       |  |  |
| Principal occupation / Job title (See Instructions)                                     |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Russell, Lindy    | Amount of Contribution (\$) \$10.00                          |
| Contributor address; City; State; Zip Code<br>██████████<br><br>DENVER, CO 80204        |  |  |
| Principal occupation / Job title (See Instructions)                                     |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                |   | <b>1</b> Total pages Schedule A1:<br>Sch: 81/105 Rpt: 84/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                  |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ryan, Connie | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Brightwood, OR 97011 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                    |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>SPRINGER, JILL R.     | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br><br>Phoenix, AZ 85016             |   |  |
| Principal occupation / Job title (See Instructions)                             |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sabatini, Joseph      | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br><br>Albuquerque, NM 87107         |   |  |
| Principal occupation / Job title (See Instructions)                             |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Saltzman, Judith      | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br><br>Solon, OH 44139               |   |  |
| Principal occupation / Job title (See Instructions)                             |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sanchez, Kristy       | Amount of Contribution (\$)<br><br>\$20.00                   |
| Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79416             |   |  |
| Principal occupation / Job title (See Instructions)                             |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 82/105 Rpt: 85/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                               |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/27/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sandoval, Melissa | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Fairfield, CA 94533 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                 |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Scanlon, Kelly             | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Chicago, IL 60625            |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Schiavi, Lorraine          | Amount of Contribution (\$)<br><br>\$5.00                    |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Chestertown, NY 12817        |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Schilling Minott, DonnaLee | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Fort Lauderdale, FL 33311    |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |
| Date<br>04/19/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Schoendienst, Linda        | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Garland, TX 75044            |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 83/105 Rpt: 86/117

2 FILER NAME

Lubbock Coalition For Healthcare Access

3 Filer ID

4 Date  
03/26/2021

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

7 Amount of Contribution (\$) \$15.00

6 Contributor address; City; State; Zip Code

[REDACTED]

Chicago, IL 60622

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
03/26/2021

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

Amount of Contribution (\$) \$25.00

Contributor address; City; State; Zip Code

[REDACTED]

Avon, CT 06001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/03/2021

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

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

[REDACTED]

LUBBOCK, TX 79413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/01/2021

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

Amount of Contribution (\$) \$20.00

Contributor address; City; State; Zip Code

[REDACTED]

Joshua Tree, CA 92252

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/26/2021

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

Amount of Contribution (\$) \$10.00

Contributor address; City; State; Zip Code

[REDACTED]

Croton-on-Hudson, NY 10520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 84/105 Rpt: 87/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                            |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>04/14/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Selby, Mary | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78723 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                              |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Selkove, Elizabeth   | Amount of Contribution (\$)<br><br>\$10.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>New York, NY 10128        |   |  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Shattuck, Judy       | Amount of Contribution (\$)<br><br>\$5.00                    |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Great Falls, MT 59404     |   |  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Shaw, Diane          | Amount of Contribution (\$)<br><br>\$15.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Canyon Country, CA 91387  |   |  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Shaw, Sydney         | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Crawford, CO 81415        |   |  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                  |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 85/105 Rpt: 88/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                               |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Shields, Martha | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Omaha, NE 68104 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                 |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Shoemaker, Lynn          | Amount of Contribution (\$)<br><br>\$5.00                    |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Whitewater, WI 53190     |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>04/19/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Shofner, Frank           | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Lago Vista, TX 78645     |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sibley, Sam              | Amount of Contribution (\$)<br><br>\$5.00                    |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Evanston, IL 60201       |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Simmons, Jill            | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>New York, NY 10027       |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 86/105 Rpt: 89/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                          |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Singer, Beverly | <b>7</b> Amount of Contribution (\$) \$25.00                 |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Westwood, MA 02090 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                            |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Singer, Elyse            | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Los Angeles, CA 90066       |   |  |
| Principal occupation / Job title (See Instructions)                                     |   | Employer (See Instructions)                                  |
| Date<br>03/29/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Skibell, Sherril         | Amount of Contribution (\$) \$50.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Lubbock, TX 79416           |   |  |
| Principal occupation / Job title (See Instructions)                                     |   | Employer (See Instructions)                                  |
| Date<br>03/29/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Skrudland, Kerri         | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Springfield, IL 62711       |   |  |
| Principal occupation / Job title (See Instructions)                                     |   | Employer (See Instructions)                                  |
| Date<br>04/17/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Smead, Raymond           | Amount of Contribution (\$) \$50.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>LUBBOCK, TX 79401           |   |  |
| Principal occupation / Job title (See Instructions)                                     |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>Sch: 87/105 Rpt: 90/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access  |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Smith, Jennifer | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>La Canada Flintridge, CA 91011 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Snearly, Richard         | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Albuquerque, NM 87109                   |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>03/27/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Snyder, Nancy            | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Annapolis, MD 21403                     |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sobel, Carolyn           | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Chester, VT 05143                       |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |
| Date<br>04/21/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Solana, Nancy            | Amount of Contribution (\$)<br><br>\$1,000.00                |
| Contributor address; City; State; Zip Code<br><br>[REDACTED]<br><br>Dallas, TX 75225                        |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 88/105 Rpt: 91/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                               |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Spurr, Charles | <b>7</b> Amount of Contribution (\$) \$100.00                |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Wakefield, MA 01880 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                 |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/16/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Squires, Allison        | Amount of Contribution (\$) \$30.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78751             |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stader, Ellen           | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78722             |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stahr, Stephanie        | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Vienna, VA 22182             |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>04/19/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Steadman, Shelli        | Amount of Contribution (\$) \$10.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>LITTLEFIELD, TX 79339        |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                            |   | <b>1</b> Total pages Schedule A1:<br>Sch: 89/105 Rpt: 92/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                              |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Stein, Jessica | <b>7</b> Amount of Contribution (\$)<br><br>\$15.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Columbus, OH 43235 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/27/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Steinberg, Julia L      | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Princeton, NJ 08540         |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Stephenson, William     | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Jamaica Plain, MA 02130     |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Stettler, Jean          | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Williamsburg, VA 23188      |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>04/21/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Stewart, Laura          | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Dallas, TX 75243            |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                            |   | <b>1</b> Total pages Schedule A1:<br>Sch: 90/105 Rpt: 93/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                              |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stienecker, Sandy L | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Portland, OR 97219 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Still, Christopher           | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Altadena, CA 91001          |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stinson, Susan               | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Greensboro, NC 27401        |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Storm, Pamela                | Amount of Contribution (\$)<br><br>\$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>San Francisco, CA 94119     |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Strauss, Mary B              | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Oakland, CA 94610           |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 91/105 Rpt: 94/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access   |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Stubblefield, Merry<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Albuquerque, NM 87111 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00          |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                         |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sweeney, Marybeth<br><hr/> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Keene, NH 03431                           | Amount of Contribution (\$)<br><br>\$25.00                   |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Szeles, Robert<br><hr/> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Los Angeles, CA 90039                        | Amount of Contribution (\$)<br><br>\$25.00                   |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                  |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Talbot, Sarah<br><hr/> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Austin, TX 78756                              | Amount of Contribution (\$)<br><br>\$100.00                  |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                  |
| Date<br>04/19/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Teague, Karen<br><hr/> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Dallas, TX 75218                              | Amount of Contribution (\$)<br><br>\$5.00                    |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 92/105 Rpt: 95/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                            |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Telian, Bobbi    | <b>7</b> Amount of Contribution (\$) \$15.00                 |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Paradise, PA 17562   |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                              |  | <b>9</b> Employer (See Instructions)                         |
| <b>Date</b><br>03/26/2021   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tennes, Terry      | <b>Amount of Contribution (\$)</b><br>\$25.00                |
| <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Oak Park, IL 60302     |  |  |
| <b>Principal occupation / Job title (See Instructions)</b>                                |  | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>03/26/2021   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Thomas, Angela     | <b>Amount of Contribution (\$)</b><br>\$50.00                |
| <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Houston, TX 77019      |  |  |
| <b>Principal occupation / Job title (See Instructions)</b>                                |  | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>03/26/2021   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Thomson, Elizabeth | <b>Amount of Contribution (\$)</b><br>\$50.00                |
| <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Albuquerque, NM 87112  |  |  |
| <b>Principal occupation / Job title (See Instructions)</b>                                |  | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>03/26/2021   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Thorp, Catherine   | <b>Amount of Contribution (\$)</b><br>\$25.00                |
| <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Laguna Beach, CA 92651 |  |  |
| <b>Principal occupation / Job title (See Instructions)</b>                                |  | <b>Employer (See Instructions)</b>                           |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 93/105 Rpt: 96/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                             |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/28/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tipton, Keith | <b>7</b> Amount of Contribution (\$)<br><br>\$15.00          |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Lubbock, TX 79414 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                               |  | <b>9</b> Employer (See Instructions)                         |
| Date<br>04/04/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tipton, Keith          | Amount of Contribution (\$)<br><br>\$15.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Lubbock, TX 79414          |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>04/11/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tipton, Keith          | Amount of Contribution (\$)<br><br>\$15.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Lubbock, TX 79414          |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>04/18/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tipton, Keith          | Amount of Contribution (\$)<br><br>\$15.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Lubbock, TX 79414          |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |
| Date<br>04/19/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Titus, Gabrielle       | Amount of Contribution (\$)<br><br>\$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78745           |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                             |   | 1 Total pages Schedule A1:<br>Sch: 94/105 Rpt: 97/117 |
| 2 FILER NAME<br>Lubbock Coalition For Healthcare Access                                      |   | 3 Filer ID  |
| 4 Date<br>03/26/2021   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tolbert, Kathryn | 7 Amount of Contribution (\$) \$25.00                 |
| 6 Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Westminster West, VT 05346 |   |   |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                         |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tomczuk, Deborah   | Amount of Contribution (\$) \$5.00                    |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Wildwood, NJ 08260           |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                           |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Toolen, Elizabeth  | Amount of Contribution (\$) \$100.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Midland Park, NJ 07432       |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                           |
| Date<br>04/20/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tremant, Cassie    | Amount of Contribution (\$) \$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78745             |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                           |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tringale, Nora     | Amount of Contribution (\$) \$5.00                    |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Weymouth, MA 02191           |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                           |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 95/105 Rpt: 98/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access   |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Troik, Diana   | <b>7</b> Amount of Contribution (\$) \$100.00                |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Camarillo, CA 93010                   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                         |
| <b>Date</b><br>03/26/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Usenheimer, Toby | <b>Amount of Contribution (\$)</b><br>\$25.00                |
|  | <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Lake Worth, FL 33467                    |  |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>03/26/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>VALK, CAROL      | <b>Amount of Contribution (\$)</b><br>\$50.00                |
|  | <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Berkeley, CA 94708                      |  |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>03/26/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Vallet, Rita     | <b>Amount of Contribution (\$)</b><br>\$100.00               |
|  | <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Houston, TX 77007                       |  |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>04/02/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Vannette, David  | <b>Amount of Contribution (\$)</b><br>\$100.00               |
|  | <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Davis, CA 95616                         |  |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                           |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>                    |  | 1 Total pages Schedule A1:<br>Sch: 96/105 Rpt: 99/117 |
| 2 FILER NAME<br>Lubbock Coalition For Healthcare Access                             |  | 3 Filer ID  |
| 4 Date<br>04/19/2021  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Varma, Anuj   | 7 Amount of Contribution (\$) \$5.00                  |
| 6 Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78759  |  |   |
| 8 Principal occupation / Job title (See Instructions)                               |  | 9 Employer (See Instructions)                         |
| Date<br>03/27/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>WASZINK, REMCO  | Amount of Contribution (\$) \$100.00                  |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Tigard, OR 97224    |  |   |
| Principal occupation / Job title (See Instructions)                                 |  | Employer (See Instructions)                           |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>WEBB, L         | Amount of Contribution (\$) \$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Lubbock, TX 79413   |  |   |
| Principal occupation / Job title (See Instructions)                                 |  | Employer (See Instructions)                           |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wachtel, Kelly  | Amount of Contribution (\$) \$50.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Chicago, IL 60625   |  |   |
| Principal occupation / Job title (See Instructions)                                 |  | Employer (See Instructions)                           |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Waldron, Rachel | Amount of Contribution (\$) \$25.00                   |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Gambrills, MD 21054 |  |   |
| Principal occupation / Job title (See Instructions)                                 |  | Employer (See Instructions)                           |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 97/105 Rpt: 100/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access   |   | <b>3</b> Filer ID   |
| <b>4</b> Date<br>03/26/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ward, Susan<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Washington, DC 20002     | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00          |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                          |
| <b>Date</b><br>04/19/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Weathers, Lois<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Arlington, TX 76016       | <b>Amount of Contribution (\$)</b><br><br>\$10.00             |
| <b>Principal occupation / Job title (See Instructions)</b>       |   | <b>Employer (See Instructions)</b>                            |
| <b>Date</b><br>03/26/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Weidman, Michael<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Jamaica Plain, MA 02130 | <b>Amount of Contribution (\$)</b><br><br>\$15.00             |
| <b>Principal occupation / Job title (See Instructions)</b>       |   | <b>Employer (See Instructions)</b>                            |
| <b>Date</b><br>04/21/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Weihs, Diana<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Austin, TX 78703            | <b>Amount of Contribution (\$)</b><br><br>\$200.00            |
| <b>Principal occupation / Job title (See Instructions)</b>       |   | <b>Employer (See Instructions)</b>                            |
| <b>Date</b><br>03/28/2021  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Weiser, Dana<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>Shallowater, TX 79363       | <b>Amount of Contribution (\$)</b><br><br>\$500.00            |
| <b>Principal occupation / Job title (See Instructions)</b>       |   | <b>Employer (See Instructions)</b>                            |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                       |   | <b>1</b> Total pages Schedule A1:<br>Sch: 98/105 Rpt: 101/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                         |   | <b>3</b> Filer ID   |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wenzel, Richard | <b>7</b> Amount of Contribution (\$) \$25.00                  |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Lubbock, TX 79423 |   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)                           |   | <b>9</b> Employer (See Instructions)                          |
| Date<br>04/21/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>White, Patricia          | Amount of Contribution (\$) \$50.00                           |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>El Paso, TX 79925          |   |   |
| Principal occupation / Job title (See Instructions)                                    |   | Employer (See Instructions)                                   |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>White, Patricia S        | Amount of Contribution (\$) \$15.00                           |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Denton, TX 76210           |   |   |
| Principal occupation / Job title (See Instructions)                                    |   | Employer (See Instructions)                                   |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Whited, Gary             | Amount of Contribution (\$) \$25.00                           |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Jamaica Plain, MA 02130    |   |   |
| Principal occupation / Job title (See Instructions)                                    |   | Employer (See Instructions)                                   |
| Date<br>04/19/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wieber, Angela           | Amount of Contribution (\$) \$50.00                           |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Austin, TX 78757           |   |   |
| Principal occupation / Job title (See Instructions)                                    |   | Employer (See Instructions)                                   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                      |   | <b>1</b> Total pages Schedule A1:<br>Sch: 99/105 Rpt: 102/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                        |   | <b>3</b> Filer ID   |
| <b>4</b> Date<br>04/19/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Williams, Cecelia | <b>7</b> Amount of Contribution (\$) \$5.00                   |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Dallas, TX 75229 |   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)                          |   | <b>9</b> Employer (See Instructions)                          |
| Date<br>04/13/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Williams, Jeffrey          | Amount of Contribution (\$) \$10.00                           |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Lubbock, TX 79410         |   |   |
| Principal occupation / Job title (See Instructions)                                   |   | Employer (See Instructions)                                   |
| Date<br>04/01/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wolensky-Gadea, Elizabeth  | Amount of Contribution (\$) \$50.00                           |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Austin, TX 78747          |   |   |
| Principal occupation / Job title (See Instructions)                                   |   | Employer (See Instructions)                                   |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wolinetz, Eric             | Amount of Contribution (\$) \$100.00                          |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Chicago, IL 60625         |   |   |
| Principal occupation / Job title (See Instructions)                                   |   | Employer (See Instructions)                                   |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Worthington, E             | Amount of Contribution (\$) \$5.00                            |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br>Greencastle, PA 17225     |   |   |
| Principal occupation / Job title (See Instructions)                                   |   | Employer (See Instructions)                                   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>            |  | <b>1</b> Total pages Schedule A1:<br>Sch: 100/105 Rpt: 103/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access              |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>04/19/2021   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wyatt, Cynthia | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00            |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78704 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                |  | <b>9</b> Employer (See Instructions)                           |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Zehring, Peggy          | Amount of Contribution (\$)<br><br>\$25.00                     |
| Contributor address; City; State; Zip Code<br><br>La Veta, CO 81055         |  |  |
| Principal occupation / Job title (See Instructions)                         |  | Employer (See Instructions)                                    |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ziemacki, Beth          | Amount of Contribution (\$)<br><br>\$25.00                     |
| Contributor address; City; State; Zip Code<br><br>Brooklyn, NY 11215        |  |  |
| Principal occupation / Job title (See Instructions)                         |  | Employer (See Instructions)                                    |
| Date<br>03/26/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>anand, jennifer         | Amount of Contribution (\$)<br><br>\$250.00                    |
| Contributor address; City; State; Zip Code<br><br>windermere, FL 34786      |  |  |
| Principal occupation / Job title (See Instructions)                         |  | Employer (See Instructions)                                    |
| Date<br>04/21/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>bender, flauren         | Amount of Contribution (\$)<br><br>\$100.00                    |
| Contributor address; City; State; Zip Code<br><br>Dallas, TX 75209          |  |  |
| Principal occupation / Job title (See Instructions)                         |  | Employer (See Instructions)                                    |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 101/105 Rpt: 104/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access   |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>04/20/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>berry, pam<br><b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>austin, TX 78703 | <b>7</b> Amount of Contribution (\$)<br>\$100.00               |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                           |
| Date<br>04/16/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>boss, melissa<br>Contributor address; City; State; Zip Code<br>[REDACTED]<br>WACO, TX 76710                  | Amount of Contribution (\$)<br>\$100.00                        |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                    |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>chantler, helen<br>Contributor address; City; State; Zip Code<br>[REDACTED]<br>Santa Fe, NM 87505            | Amount of Contribution (\$)<br>\$25.00                         |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                    |
| Date<br>03/31/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>dunn, bryan<br>Contributor address; City; State; Zip Code<br>[REDACTED]<br>LUBBOCK, TX 79413                 | Amount of Contribution (\$)<br>\$50.00                         |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                    |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>fritze, margaret<br>Contributor address; City; State; Zip Code<br>[REDACTED]<br>Forestburgh, NY 12777        | Amount of Contribution (\$)<br>\$100.00                        |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                    |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 102/105 Rpt: 105/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                             |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>gaeta, jessica | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00            |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Ventura, CA 93001 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                               |  | <b>9</b> Employer (See Instructions)                           |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>heilbronner, diane      | Amount of Contribution (\$)<br><br>\$36.00                     |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Chicagoc, IL 60657         |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                    |
| Date<br>04/19/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>lee, barbara            | Amount of Contribution (\$)<br><br>\$100.00                    |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>spicewood, TX 78669        |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                    |
| Date<br>04/19/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>malcik, susan           | Amount of Contribution (\$)<br><br>\$25.00                     |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Austin, TX 78751           |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                    |
| Date<br>04/19/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>mcclurkin, chanin       | Amount of Contribution (\$)<br><br>\$50.00                     |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>austin, TX 78739           |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                    |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 103/105 Rpt: 106/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                               |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>meagher, susan | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00            |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>CAMBRIDGE, MA 02141 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                 |  | <b>9</b> Employer (See Instructions)                           |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>milich, henry           | Amount of Contribution (\$)<br><br>\$100.00                    |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>san francisco, CA 94109      |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                    |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>narve, henry            | Amount of Contribution (\$)<br><br>\$10.00                     |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Tarzana, CA 91356            |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                    |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>nathanson, beth         | Amount of Contribution (\$)<br><br>\$10.00                     |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Coral Springs, FL 33067      |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                    |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>nathanson, beth         | Amount of Contribution (\$)<br><br>\$25.00                     |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Coral Springs, FL 33067      |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                    |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                               |  | <b>1</b> Total pages Schedule A1:<br>Sch: 104/105 Rpt: 107/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access                                 |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>newman, laraine | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00            |
| <b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Los Angeles, CA 90036 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                   |  | <b>9</b> Employer (See Instructions)                           |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>paige, christine         | Amount of Contribution (\$)<br><br>\$100.00                    |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Reno, NV 89523                 |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                    |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>peterson, sally          | Amount of Contribution (\$)<br><br>\$25.00                     |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Pacific Grove, CA 93950        |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                    |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>schwenker, jennifer      | Amount of Contribution (\$)<br><br>\$50.00                     |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>austin, TX 78732               |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                    |
| Date<br>03/27/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>sinovsky, Barbara        | Amount of Contribution (\$)<br><br>\$25.00                     |
| Contributor address; City; State; Zip Code<br>[REDACTED]<br><br>Carmel, NY 10512               |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                    |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 105/105 Rpt: 108/117 |
| <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access   |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/26/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>von Drachenfels, Nina<br><b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>Marina, CA 93933 | <b>7</b> Amount of Contribution (\$)<br>\$25.00                |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                           |
| Date<br>03/26/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>witucki, kathryn<br>Contributor address; City; State; Zip Code<br>[REDACTED]<br>Pompano Beach, FL 33064                 | Amount of Contribution (\$)<br>\$50.00                         |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                    |
| Date<br>04/19/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>zhu, ling<br>Contributor address; City; State; Zip Code<br>[REDACTED]<br>Austin, TX 78748                               | Amount of Contribution (\$)<br>\$25.00                         |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                    |

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule C1:<br>Sch: 1/1 Rpt: 109/117 |
| 2 FILER NAME<br>Lubbock Coalition For Healthcare Access   |  | 3 Filer ID  |
| 4 Date<br>03/30/2021                                      | 5 Corporation / Labor Organization name<br>ACLU Texas  | 7 Amount of contribution (\$)<br>\$25,000.00        |
|   | 6 Corporation / Labor Organization address; City; State; Zip Code<br>P.O. Box 8306<br><br>Houston, TX 77288                      |   |
| Date<br>04/09/2021  | Corporation / Labor Organization name<br>Planned Parenthood Federation of America  | Amount of contribution (\$)<br>\$50,000.00          |
|   | Corporation / Labor Organization address; City; State; Zip Code<br>123 William Street<br><br>New York, NY 10038                  |   |
| Date<br>03/31/2021  | Corporation / Labor Organization name<br>Planned Parenthood of Central and Western New York                                      | Amount of contribution (\$)<br>\$1,000.00           |
|   | Corporation / Labor Organization address; City; State; Zip Code<br>114 University Avenue<br><br>Rochester, NY 14605              |   |
| Date<br>04/01/2021  | Corporation / Labor Organization name<br>Planned Parenthood of Columbia Willamette   | Amount of contribution (\$)<br>\$2,500.00           |
|   | Corporation / Labor Organization address; City; State; Zip Code<br>3727 NE Martin Luther King Jr. Blvd<br><br>Portland, OR 97212 |   |
| Date<br>04/08/2021  | Corporation / Labor Organization name<br>Planned Parenthood of Greater Texas   | Amount of contribution (\$)<br>\$50,000.00          |
|   | Corporation / Labor Organization address; City; State; Zip Code<br>7424 Greenville Ave<br><br>Dallas, TX 75231                   |   |
| Date<br>04/01/2021  | Corporation / Labor Organization name<br>Planned Parenthood of Southern New England, Inc.  | Amount of contribution (\$)<br>\$5,000.00           |
|   | Corporation / Labor Organization address; City; State; Zip Code<br>345 Whitney Ave<br><br>New Haven, CT 06511                    |   |

# NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C2**

|   |   |   |  |
|---|---|---|--|
| <p><b>The Instruction Guide explains how to complete this form.</b></p> |   | <p><b>1</b> Total pages Schedule C2:<br/>Sch: 1/1 Rpt: 110/117</p>  |  |
| <p><b>2</b> FILER NAME<br/>Lubbock Coalition For Healthcare Access</p>  |   | <p><b>3</b> Filer ID</p>  |  |
| <p><b>4</b> Date<br/>04/21/2021</p>                                     | <p><b>5</b> Corporation / Labor Organization name<br/>ACLU Texas</p> <hr/> <p><b>6</b> Corporation / Labor Organization address; City; State; Zip Code<br/>P.O. Box 8306<br/><br/>Houston, TX 77288</p>                   | <p><b>7</b> Amount of contribution(\$)<br/><br/>\$1,492.78</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> | <p><b>8</b> In-kind contribution description<br/><br/>Staff Time</p> |
| <p>Date<br/>04/21/2021</p>  | <p>Corporation / Labor Organization name<br/>Planned Parenthood Federation of America</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code<br/>123 William Street<br/><br/>New York, NY 10038</p> | <p>Amount of contribution(\$)<br/><br/>\$2,558.78</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>          | <p>In-kind contribution description<br/><br/>Staff Time</p>          |
| <p>Date<br/>04/07/2021</p>  | <p>Corporation / Labor Organization name<br/>Planned Parenthood Federation of America</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code<br/>123 William Street<br/><br/>New York, NY 10038</p> | <p>Amount of contribution(\$)<br/><br/>\$3,538.48</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>          | <p>In-kind contribution description<br/><br/>Legal Services</p>      |
| <p>Date<br/>04/21/2021</p>  | <p>Corporation / Labor Organization name<br/>Planned Parenthood Texas Votes</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code<br/>P.O. Box 41646<br/><br/>Austin, TX 78704</p>                 | <p>Amount of contribution(\$)<br/><br/>\$10,078.42</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>         | <p>In-kind contribution description<br/><br/>Staff Time</p>          |
| <p>Date<br/>04/21/2021</p>  | <p>Corporation / Labor Organization name<br/>Planned Parenthood Texas Votes</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code<br/>P.O. Box 41646<br/><br/>Austin, TX 78704</p>                 | <p>Amount of contribution(\$)<br/><br/>\$37.31</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>             | <p>In-kind contribution description<br/><br/>Accounting Software</p> |
| <p>Date<br/>04/21/2021</p>  | <p>Corporation / Labor Organization name<br/>Planned Parenthood of Greater Texas</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code<br/>7424 Greenville Ave<br/><br/>Dallas, TX 75231</p>       | <p>Amount of contribution(\$)<br/><br/>\$7,432.00</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>          | <p>In-kind contribution description<br/><br/>Staff Time</p>          |

# POLITICAL EXPENDITURES 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:<br>Sch: 1/1 Rpt: 111/117 | <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access | <b>3</b> Filer ID |
|--|--|-------------------|

|                             |                                 |
|-----------------------------|---------------------------------|
| <b>4</b> Date<br>04/21/2021 | <b>5</b> Payee name<br>Act Blue |
|-----------------------------|---------------------------------|

|                                    |  |
|------------------------------------|--|
| <b>6</b> Amount (\$)<br>\$1,911.95 | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 441146<br><br>Somerville, MA 02144 |
|------------------------------------|--|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Processing |
|---------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                          |
|--------------------|--------------------------|
| Date<br>04/21/2021 | Payee name<br>Y Strategy |
|--------------------|--------------------------|

|                            |   |
|----------------------------|---|
| Amount (\$)<br>\$25,000.00 | Payee address; City; State; Zip Code<br>3110 Manor Rd<br><br>Austin, TX 78723 |
|----------------------------|---|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>General Consulting |
|-------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|



# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F2:<br>Sch: 1/6 Rpt: 112/117 | <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access | <b>3</b> Filer ID |
|--|--|-------------------|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|                             |                                   |
|-----------------------------|-----------------------------------|
| <b>5</b> Date<br>04/15/2021 | <b>6</b> Payee name<br>Y Strategy |
|-----------------------------|-----------------------------------|

|                                     |  |
|-------------------------------------|--|
| <b>7</b> Amount (\$)<br>\$14,520.00 | <b>8</b> Payee address; City; State; Zip Code<br>3110 Manor Rd<br><br>Austin, TX 78723 |
|-------------------------------------|--|

|                              |  |
|------------------------------|--|
| <b>9</b> TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

|                                  |  |   |
|----------------------------------|--|---|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a) Category</b> (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b) Description</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Mail Production |
|----------------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                          |
|--------------------|--------------------------|
| Date<br>04/15/2021 | Payee name<br>Y Strategy |
|--------------------|--------------------------|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$5,364.53 | Payee address; City; State; Zip Code<br>3110 Manor Rd<br><br>Austin, TX 78723 |
|---------------------------|---|

|                     |  |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | <b>(a) Category</b> (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b) Description</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Phonebanking |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F2:<br>Sch: 2/6 Rpt: 113/117 | <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access | <b>3</b> Filer ID |
|--|--|-------------------|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|                             |                                   |
|-----------------------------|-----------------------------------|
| <b>5</b> Date<br>04/15/2021 | <b>6</b> Payee name<br>Y Strategy |
|-----------------------------|-----------------------------------|

|                                     |  |
|-------------------------------------|--|
| <b>7</b> Amount (\$)<br>\$10,550.00 | <b>8</b> Payee address; City; State; Zip Code<br>3110 Manor Rd<br><br>Austin, TX 78723 |
|-------------------------------------|--|

|                              |  |
|------------------------------|--|
| <b>9</b> TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

|                                  |  |  |
|----------------------------------|--|--|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Canvassing |
|----------------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                          |
|--------------------|--------------------------|
| Date<br>04/15/2021 | Payee name<br>Y Strategy |
|--------------------|--------------------------|

|                            |   |
|----------------------------|---|
| Amount (\$)<br>\$10,000.00 | Payee address; City; State; Zip Code<br>3110 Manor Rd<br><br>Austin, TX 78723 |
|----------------------------|---|

|                     |  |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Video Production |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F2:<br>Sch: 3/6 Rpt: 114/117 | <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access | <b>3</b> Filer ID |
|--|--|-------------------|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|                             |                                   |
|-----------------------------|-----------------------------------|
| <b>5</b> Date<br>04/15/2021 | <b>6</b> Payee name<br>Y Strategy |
|-----------------------------|-----------------------------------|

|                                     |  |
|-------------------------------------|--|
| <b>7</b> Amount (\$)<br>\$10,000.00 | <b>8</b> Payee address; City; State; Zip Code<br>3110 Manor Rd<br><br>Austin, TX 78723 |
|-------------------------------------|--|

|                              |  |
|------------------------------|--|
| <b>9</b> TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

|                                  |  |  |
|----------------------------------|--|--|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a) Category</b> (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b) Description</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online Advertising |
|----------------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>11</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                          |
|--------------------|--------------------------|
| Date<br>04/15/2021 | Payee name<br>Y Strategy |
|--------------------|--------------------------|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$3,197.07 | Payee address; City; State; Zip Code<br>3110 Manor Rd<br><br>Austin, TX 78723 |
|---------------------------|---|

|                     |  |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | <b>(a) Category</b> (See Categories listed at the top of this schedule)<br>Printing Expense | <b>(b) Description</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Literature |
|------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

# UNPAID INCURRED OBLIGATIONS

**SCHEDULE F2**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

|   |   |  |   |
|---|---|--|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
|---|---|--|---|

The Instruction Guide explains how to complete this form.

|  |  |                   |
|--|--|-------------------|
| <b>1</b> Total pages Schedule F2:<br>Sch: 4/6 Rpt: 115/117 | <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access | <b>3</b> Filer ID |
|--|--|-------------------|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|                             |                                   |
|-----------------------------|-----------------------------------|
| <b>5</b> Date<br>04/19/2021 | <b>6</b> Payee name<br>Y Strategy |
|-----------------------------|-----------------------------------|

|                                     |  |
|-------------------------------------|--|
| <b>7</b> Amount (\$)<br>\$29,040.00 | <b>8</b> Payee address; City; State; Zip Code<br>3110 Manor Rd<br><br>Austin, TX 78723 |
|-------------------------------------|--|

|                              |  |
|------------------------------|--|
| <b>9</b> TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

|                                  |  |   |
|----------------------------------|--|---|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Mail Production |
|----------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>11</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                          |
|--------------------|--------------------------|
| Date<br>04/19/2021 | Payee name<br>Y Strategy |
|--------------------|--------------------------|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$4,316.77 | Payee address; City; State; Zip Code<br>3110 Manor Rd<br><br>Austin, TX 78723 |
|---------------------------|---|

|                            |  |
|----------------------------|--|
| <b>TYPE OF EXPENDITURE</b> | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Phonebanking |
|-------------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|  |
|--|
|  |
|--|

# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F2:<br>Sch: 5/6 Rpt: 116/117 | <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access | <b>3</b> Filer ID |
|--|--|-------------------|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|                             |                                   |
|-----------------------------|-----------------------------------|
| <b>5</b> Date<br>04/19/2021 | <b>6</b> Payee name<br>Y Strategy |
|-----------------------------|-----------------------------------|

|                                    |  |
|------------------------------------|--|
| <b>7</b> Amount (\$)<br>\$2,250.00 | <b>8</b> Payee address; City; State; Zip Code<br>3110 Manor Rd<br><br>Austin, TX 78723 |
|------------------------------------|--|

|                              |  |
|------------------------------|--|
| <b>9</b> TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

|                                  |  |  |
|----------------------------------|--|--|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Canvassing |
|----------------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                          |
|--------------------|--------------------------|
| Date<br>04/19/2021 | Payee name<br>Y Strategy |
|--------------------|--------------------------|

|                            |   |
|----------------------------|---|
| Amount (\$)<br>\$30,555.00 | Payee address; City; State; Zip Code<br>3110 Manor Rd<br><br>Austin, TX 78723 |
|----------------------------|---|

|                            |  |
|----------------------------|--|
| <b>TYPE OF EXPENDITURE</b> | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online Advertising |
|-------------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |                   |
|--|--|-------------------|
| <b>1</b> Total pages Schedule F2:<br>Sch: 6/6 Rpt: 117/117 | <b>2</b> FILER NAME<br>Lubbock Coalition For Healthcare Access | <b>3</b> Filer ID |
|--|--|-------------------|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|                             |                                   |
|-----------------------------|-----------------------------------|
| <b>5</b> Date<br>04/19/2021 | <b>6</b> Payee name<br>Y Strategy |
|-----------------------------|-----------------------------------|

|                                    |  |
|------------------------------------|--|
| <b>7</b> Amount (\$)<br>\$8,715.00 | <b>8</b> Payee address; City; State; Zip Code<br>3110 Manor Rd<br><br>Austin, TX 78723 |
|------------------------------------|--|

|                              |  |
|------------------------------|--|
| <b>9</b> TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

|                                  |   |  |
|----------------------------------|---|--|
| <b>10</b> PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Polling Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Polling |
|----------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |
|--|
|  |
|--|