### **UNSWORN DECLARATION**

FORM **UD** 

campaign finance r	orn declaration to eport or personal find the declaration of personal find the declaration of the declaratio	nancial statem	nent in	Date REC	23 2021	
1 FILER ID: (Ethics Commission filers)				LUBBOO Method of Deliver	CITY SECRETARY CK, TEXAS	
2 NAME OF FILER (PLEASE TYPE OR PRINT)	Lubbock Coalition For	Healthcare Acces	ss	Date Processed	, (-)	
3 TYPE OF FILER	CANDIDATE/ OFFICE  JUDICIAL CANDIDA  PERSONAL FINANCE  DIRECT CAMPAIGN	ATE/ OFFICEHOLD	ER	POLITICAL O	PARTY	
4 TYPE OF REPORT	8th Day Before	election				
5 DUE DATE	April 23rd	2021				
6 UNSWORN DECLARAT		, and my date	of birth is	05/17/1981	•	
3716 22nd F My Address is	PI, 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 inLubbock April, 2021	County, State of	(		3rd day or	·	
		Signature of Fi	ler/ Commit (Declarar		ative	

#### FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. 117 3 COMMITTEE NAME OFFICE USE ONLY **Lubbock Coalition For Healthcare Access** Date Received RECEIVED APR 23 2021 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3716 22nd PI ate Hand-delivered or Date Postmarked Suite T Change of Address LUBBOCK, YEXAS Lubbock, TX 79410 **Date Processed** Date Imaged **CAMPAIGN** MS/MRS/MR **FIRST TREASURER** NAME **NICKNAME** LAST **SUFFIX CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** STREET **ADDRESS** (Residence or Business) **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE TREASURER MAILING **ADDRESS** Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 9 REPORT January 15 30th day before election Exceeded modified reporting limit TYPE χ 8th day before election Dissolution (Attach PAC-DR) July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Month Day Year Year Month Day **COVERED THROUGH** 03/23/2021 04/21/2021 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 05/01/2021 X General Special

**GO TO PAGE 2** 

## SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME		 	3 Filer ID		
Lubbock Coalition For F	lealthcare Access		3 FIICI ID		
14 COMMITTEE	leatificare Access	CANDIDATE / OFFICEHOLDER NAME			
PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain					
(Attach lists on plain paper to complete this	Candidate				
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HELD	(officeholder)		11
			,		
SUPPORT					
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ON DATE	100
X OPPOSE		Prop A	Month	Day	Year
(Candidate or Measure)			05/01/2	2021	
	X Measure				
ASSIST (Officeholder)	-	DESCRIPTION			
(Onicerioider)		City of Lubbock Proposition A			
15 CONTRIBUTION	4 TOTAL BOLITICAL COL	ITRIPLITIONS OF \$50 OR LESS (OTLIER THAN	DI EDOEO	1	
TOTALS		ITRIBUTIONS OF \$50 OR LESS (OTHER THAN EES OF LOANS, OR CONTRIBUTIONS MADE	PLEDGES,	<b> </b> \$	\$0.00
	ELECTRONICALLY), UN				Ψ0.00
	2. TOTAL POLITICAL C	CONTRIBUTIONS		-	
		ES, LOANS, OR GUARANTEES OF LOANS)		\$	\$290,301.77
	`				
EXPENDITURE	3. TOTAL UNITEMIZED PO	DLITICAL EXPENDITURES			
TOTALS				\$	\$0.00
	4			ļ	
	4. TOTAL POLITICAL E	EXPENDITURES		\$	¢1EE 420 22
					\$155,420.32
CONTRIBUTION	5. TOTAL POLITICAL CON	ITRIBUTIONS MAINTAINED AS OF THE LAST D	AY OF THE		
BALANCE	REPORTING PERIOD			\$	\$398,295.77
OUTSTANDING		OUNT OF ALL OUTSTANDING LOANS AS OF TH	HE LAST		
LOAN TOTALS	DAY OF THE REPORTI	NG PERIOD		\$	\$0.00
			4_	<u></u>	
16 AFFIDAVIT					
		I swear, or affirm, under penalty of perjuing and correct and includes all information in the contraction in	ry, that the acc	companying	report is true
		Title 15, Election Code.	required to be	reported by	ine under
			<del></del>		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Cam	paign Treasure	er	
		, thi	s the		day
or	_, 20, to certify which	h, witness my hand and seal of office.			
Signature of officer ad	ministering oath Prir	nted name of officer administering oath	Title of office	er administe	ering oath

### **SUBTOTALS - SPAC**

# FORM SPAC COVER SHEET PG 3

	74.1					3 of 117
17			EE NAME Coalition For Healthcare Access	18 Filer ID	shamens	
			LE SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
Ü	1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	131,664.00
	2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
	3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	4.	X	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	R	\$	133,500.00
Į.	5.	X	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	TION OR	\$	25,137.77
	6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$	
	7.		SCHEDULE E: LOANS	37	\$	The second second
	8. []	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	26,911.95
Ţ	9.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	128,508.37
	10.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	I I I I I I I I I I I I I I I I I I I
-4	11.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	7 7 72	\$	
	12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
	13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	2
	14.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
						=3190
1						

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/105 Rpt: 4/117	
2	FILER NAME			3	Filer ID	
Ļ		alition For Healthcare Access				= =
4	Date 04/01/2021	5 Full name of contributor out-of-state PAC (ID#:_ Aberly, Naomi D Aberly	)	7	Amount of Contribution (\$)	\$1,000.00
		6 Contributor address; City; State; Zip Code  Boston, MA 02114				
8	Principal occu	I	9 Employer (See Instructions	L ;)		=
	Date	Full name of contributor out-of-state PAC (ID#:	- II - )		Amount of Contribution (\$)	
	03/24/2021	Ablright, Alexandra				\$500.00
		Contributor address; City; State; Zip Code	***************************************			
			>			
		Aughin TV 70700				
H	Deinsinal	Austin, TX 78703	5	Ĺ		
	Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	5)		
-	Date	Full name of contributor Out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	03/26/2021	Achruk, Maria				\$5.00
		Contributor address; City; State; Zip Code	***************************************			
		Richmond VA 22224				
H	Principal occi	Richmond, VA 23224  upation / Job title (See Instructions)	Employer (See Instructions	_	= = 1	
	Fillicipal occi	padon 7 300 due (See instructions)	Employer (See Instructions	,		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	04/20/2021	Ackerman, Judith	75			\$1,000.00
		Contributor address; City; State; Zip Code				
			ii lie.			
		El Paso, TX 79904				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	A			•		
-	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	04/21/2021	Ackerman, Judith P				\$1,000.00
		Contributor address; City; State; Zip Code				
		El Paso, TX 79904				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	,			•		
	rma nravidad	hy Toyas Ethics Commission			Vancian	1 1 000 540 4

	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 2/105 Rpt: 5/117
2	FILER NAME Lubbock Co	alition For Healthcare Access	3 Filer ID
4	Date 03/27/2021	5 Full name of contributor	7 Amount of Contribution (\$) \$25.00
8	Principal occu	Great Falls, VA 22066 pation / Job title (See Instructions)  9 Employe	r (See Instructions)
	Date 04/17/2021	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions) Employe	r (See Instructions)
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$25.00
	Principal occu		er (See Instructions)
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$10.00
	Principal occu	pation / Job title (See Instructions) Employe	er (See Instructions)
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$500.00
	Principal occi		er (See Instructions)

	MONETARY POLITICAL CONTRIBUTIONS	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SCHEDULE A	1
	The Instruction Guide explains how to complete this form.	and the second s	al pages Schedule A1: h: 3/105 Rpt: 6/117	
2	2 FILER NAME Lubbock Coalition For Healthcare Access	3 File	er ID	
4	5 Full name of contributor out-of-state PAC (ID#: O3/26/2021 Angel, Janyce 6 Contributor address; City; State; Zip Code San Antonio, TX 78240		ount of Contribution (\$)	25.00
8		ployer (See Instructions)		
	Date O3/26/2021  Asprey, Thomas A  Contributor address; City; State; Zip Code  Boulder, CO 80306	) Am	ount of Contribution (\$)	25.00
	Principal occupation / Job title (See Instructions) Em	ployer (See Instructions)	- 3 /	
	Date  O3/26/2021  Au-Young, Regina  Contributor address; City; State; Zip Code  South Pasadena, CA 91030	) Am	ount of Contribution (\$) \$2	25.00
		ployer (See Instructions)	T	
	Date  O3/26/2021  Ayala, Maria  Contributor address; City; State; Zip Code  Brooklyn, NY 11249		ount of Contribution (\$) \$1	.0.00
	Principal occupation / Job title (See Instructions) Em	oloyer (See Instructions)		
	Date  O4/01/2021  Full name of contributor  Bachan, Lauren  Contributor address; City; State; Zip Code  San Jose, CA 95126		ount of Contribution (\$) \$1	.0.00
		oloyer (See Instructions)	=	

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 4/105 Rpt: 7/117
2 FILER NAME Lubbock Coa	alition For Healthcare Access	3 Filer ID
4 Date 03/26/2021	5 Full name of contributor out-of-state PAC (ID#:  Banning, Beth  6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$50.00
8 Principal occu	Steamboat springs, CO 89477 pation / Job title (See Instructions)  9 Employer (See	Instructions)
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$) \$10.00
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$3.00
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)
Date 04/20/2021	Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$) \$25.00
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)
Date 03/27/2021	Full name of contributor	Amount of Contribution (\$) \$10.00
Principal occu	santa Monica, CA 90405  pation / Job title (See Instructions)  Employer (See	Instructions)
Forms provided	by Texas Ethics Commission www.ethics.state.tx.us	Version V1.1.eeb5f8 <sup>2</sup>

	MONET	ARY POLITICAL CONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this for	m.	1	Total pages Schedule A1: Sch: 5/105 Rpt: 8/117	
2	FILER NAME	2		3	Filer ID	
	Lubbock Coa	alition For Healthcare Access				
4	Date 03/26/2021	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
-		Greenville, SC 29617				
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	)		, ,
F	Date	Full name of contributor	)		Amount of Contribution (\$)	3 H
	03/29/2021	Baugh-Osterfeld, Veronica			· · · · · · · · · · · · · · · · · · ·	\$25.00
		Contributor address; City; State; Zip Code				,_,,,,
		Contributor address, Gity, State, 21p Code				
		New York, NY 10001	•			
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		<del></del>
	•		, ,, ,	•		
-	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/26/2021	Bauman, Jan				\$25.00
		Contributor address; City; State; Zip Code				•
		Contributor address, Only, State, 2:p Code				
		San Rafael, CA 94903				
Г	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
F	Date	Full name of contributor   out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/26/2021	Beck, Jonathan			(,,	\$50.00
			***************************************			
		Contributor address, Oxy, State, 2.19 Code	5 (8) (8)			
		Lake Oswego, OR 97034				
Г	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	) )		
F	Date	Full name of contributor	)		Amount of Contribution (\$)	
	04/02/2021	Behler, Rachel				\$25.00
		Contributor address; City; State; Zip Code	***************************************			
		Sign States and Section 2019, States, 21p Section				
		San Francisco, CA 94131				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

The Instruc	tion Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 6/105 Rpt: 9/117	
FILER NAME			3 Filer ID	
	ition For Healthcare Access			
Date 03/26/2021	Full name of contributor	)	7 Amount of Contribution (\$)	\$10.00
	6 Contributor address; City; State; Zip Code			
70	Bronx, NY 10463			Fa B. S
Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions	)	
Date	Full name of contributor	)	Amount of Contribution (\$)	
04/11/2021	Bieber, Claire			\$50.00
ľ	Contributor address; City; State; Zip Code			
	Lubbock, TX 79410			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	)	
Date	Full name of contributor  out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/27/2021	Biondo, Gina		ere ere Yue	\$100.00
ŀ	Contributor address; City; State; Zip Code		e III	
AL P	Houston, TX 77042			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
03/24/2021	Bleicher, Julie			\$100.00
	Contributor address; City; State; Zip Code		5.1.1.	
	Dallas, TX 75230		, 1	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	<b>(</b> )	
Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of Contribution (\$)	
03/26/2021	Bode, Janet			\$15.0
	Contributor address; City; State; Zip Code		NS - II	
Daine in a la comp	Atlanta, GA 30305	5.1.6		
Principal occur	ation / Job title (See Instructions)	Employer (See Instructions	5)	

MONETA	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
The Instruc	tion Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/105 Rpt: 10/117	
2 FILER NAME			3	Filer ID	
Lubbock Coa	lition For Healthcare Access		L	= 04	
	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	45.00
03/26/2021	Bogucki, EDRA				\$5.00
	6 Contributor address; City; State; Zip Code				
	BEAUMONT, TX 77707				
B Principal occup	nation / Job title (See Instructions)	9 Employer (See Instructions	<b>L</b> s)		
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
03/26/2021	Bohl, Jesse	•			\$5.00
	Contributor address; City; State; Zip Code				
	Richmond, VA 23236				
Principal occup	oation / Job title (See Instructions)	Employer (See Instructions	5)		
Data I			<del>-</del>		
Date 03/27/2021	Full name of contributor  ut-of-state PAC (ID#:_ Bolduc, Peter			Amount of Contribution (\$)	\$100.00
	Contributor address; City; State; Zip Code				Ψ100.00
	Containation address, Gig, Gate, 2ip Code				
	Bradford, NH 03221				
Principal occup	oation / Job title (See Instructions)	Employer (See Instructions	5)		
Date	Full name of contributor  ut-of-state PAC (ID#:_			Amount of Contribution (\$)	
03/26/2021	Bolnick, Rebecca				\$25.00
	Contributor address; City; State; Zip Code				
	Peoria, AZ 85381				
Principal occup	eation / Job title (See Instructions)	Employer (See Instructions	5)		
Date	Full name of contributor  ut-of-state PAC (ID#:_			Amount of Contribution (\$)	
03/26/2021	Borges, Kent				\$100.00
ľ	Contributor address; City; State; Zip Code	***************************************	1		
	Colorado Springs, CO 80904				
Principal occup	nation / Job title (See Instructions)	Employer (See Instructions	5)		
orme provided b	Toyon Ethion Commission	atata tu us			4
omo broviaea b	by Texas Ethics Commission www.ethics	s.state.tx.us		Version V1	eep5f84

Date Date Date Date Date Date Date Date				SCHEDULE	AT
Lubbock Coalition For Healthcare Access  Date   S Full name of contributor   out-of-state PAC (IDIF:	The Instruc	tion Guide explains how to complete this form	n. u hrág vo craci		i en
Date 03/26/2021   5 Full name of contributor   out-of-state PAC (IDP;   Ostate PAC (IDP;	FILER NAME Lubbock Coa	ition For Healthcare Access		3 Filer ID	41 1472
Bowles, Sarah    Contributor address; City; State; Zip Code				7 Amount of Contribution (0)	
San Diego, CA 92116  Principal occupation / Job title (See Instructions)  Date 03/30/2021  Full name of contributor	03/26/2021	Bowles, Sarah		7 Amount of Contribution (\$)	\$50.0
Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25  Contributor address; City; State; Zip Code  Arlington, TX 76006  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25  Contributor address; City; State; Zip Code  Final name of contributor out-of-state PAC (D#:		6 Contributor address; City; State; Zip Code		Site of the second of the seco	
Date 03/30/2021   Full name of contributor		**************************************			
O3/30/2021 Brockway, Vivian \$50  Contributor address; City; State; Zip Code  Smiths Station, AL 36877  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 04/20/2021 Brown, Jessica  Contributor address; City; State; Zip Code  Arlington, TX 76006  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25  Contributor address; City; State; Zip Code  Frincipal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25  Contributor address; City; State; Zip Code  Gainesville, FL 32635	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	)	
O3/30/2021 Brockway, Vivian \$50  Contributor address; City; State; Zip Code  Smiths Station, AL 36877  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 04/20/2021 Brown, Jessica  Contributor address; City; State; Zip Code  Arlington, TX 76006  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25  Contributor address; City; State; Zip Code  Frincipal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25  Contributor address; City; State; Zip Code  Gainesville, FL 32635	Date	Full name of contributor		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code  Smiths Station, AL 36877  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25  Contributor address; City; State; Zip Code  Minneapolis, MN 55401  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25  Contributor address; City; State; Zip Code  Arlington, TX 76006  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25  Contributor address; City; State; Zip Code  Full name of contributor out-of-state PAC (ID#:				7 mount of Continuation (4)	\$50.0
Smiths Station, AL 36877  Principal occupation / Job title (See Instructions)  Date 03/26/2021		-			Ψ30.0
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25    Contributor address; Cly; State; Zip Code		Contributor address, City, State, 21p Code		2 972 1 55 151 753	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25    Contributor address; Cly; State; Zip Code		4		1	
Date 03/26/2021		Smiths Station, AL 36877		W. 17. C. 1	
O3/26/2021 Brown, Chad \$25  Contributor address; City; State; Zip Code  Minneapolis, MN 55401  Principal occupation / Job title (See Instructions)  Date O4/20/2021 Brown, Jessica Brown, Jessica Contributor address; City; State; Zip Code  Arlington, TX 76006  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  \$25  Amount of Contribution (\$)  \$25  Contributor address; City; State; Zip Code  Full name of contributor out-of-state PAC (ID#:	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	)	
Contributor address; City; State; Zip Code  Minneapolis, MN 55401  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25  Contributor address; City; State; Zip Code  Arlington, TX 76006  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  **Employer (See Instructions)  **Employer (See Instructions)  **Employer (See Instructions)  **Employer (See Instructions)  **Date O3/26/2021  **Brown, Ross  **Contributor address; City; State; Zip Code  **Gainesville, FL 32635	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	-
Minneapolis, MN 55401  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25  Contributor address; City; State; Zip Code  Arlington, TX 76006  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$10  Amount of Contribution (\$)  \$10  Contributor address; City; State; Zip Code  Gainesville, FL 32635	03/26/2021	Brown, Chad		1,750 K j.29	\$25.0
Minneapolis, MN 55401  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25  Contributor address; City; State; Zip Code  Arlington, TX 76006  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$10  Amount of Contribution (\$)  \$10  Contributor address; City; State; Zip Code  Gainesville, FL 32635		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25  Contributor address; City; State; Zip Code  Arlington, TX 76006  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Second Instructions (\$)  Amount of Contribution (\$)  Second Instructions (\$)  Contributor address; City; State; Zip Code  Gainesville, FL 32635			11.4	642	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25  Contributor address; City; State; Zip Code  Arlington, TX 76006  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Second Instructions (\$)  Amount of Contribution (\$)  Second Instructions (\$)  Contributor address; City; State; Zip Code  Gainesville, FL 32635		Minneanolis, MN 55401	9		
O4/20/2021 Brown, Jessica \$25  Contributor address; City; State; Zip Code  Arlington, TX 76006  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date O3/26/2021 Brown, Ross  Contributor address; City; State; Zip Code  Gainesville, FL 32635	Principal occup		Employer (See Instructions	5)	
Contributor address; City; State; Zip Code  Arlington, TX 76006  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 03/26/2021  Brown, Ross  Contributor address; City; State; Zip Code  Gainesville, FL 32635	Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of Contribution (\$)	
Arlington, TX 76006  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 03/26/2021  Brown, Ross  Contributor address; City; State; Zip Code  Gainesville, FL 32635	04/20/2021	Brown, Jessica		2017	\$25.0
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor	ľ	Contributor address; City; State; Zip Code	***************************************		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor				- 1 p = 1	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor					
Date   Full name of contributor   out-of-state PAC (ID#:)   Amount of Contribution (\$)   03/26/2021   Brown, Ross   \$10 Contributor address; City; State; Zip Code   Gainesville, FL 32635	Dringing ageur				
03/26/2021 Brown, Ross  Contributor address; City; State; Zip Code  Gainesville, FL 32635	Principal occup	auon / Job title (See Instructions)	Employer (See Instructions	5)	
Contributor address; City; State; Zip Code  Gainesville, FL 32635	Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of Contribution (\$)	
Gainesville, FL 32635	03/26/2021	Brown, Ross			\$10.0
		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				in a second	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	s)	

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDU	LE A1
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 9/105 Rpt: 12/117	
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#:	7	Amount of Contribution (\$)	\$1,000.00
8	· · · · · · · · · · · · · · · · · · ·	ructions)	<del> </del>	
	Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)	=	
	Date 03/26/2021 Buc, Nancy L.  Contributor address; City; State; Zip Code  washington, DC 20016		Amount of Contribution (\$)	\$100.00
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ructions)		
	Date 03/27/2021 Full name of contributor out-of-state PAC (ID#:  Contributor address; City; State; Zip Code  Tewksbury, MA 01876		Amount of Contribution (\$)	\$500.00
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ructions)	(14)	
	Date  O3/26/2021 Full name of contributor out-of-state PAC (ID#:  Contributor address; City; State; Zip Code  Frederick, MD 21701		Amount of Contribution (\$)	\$25.00
	Principal occupation / Job title (See Instructions)  Employer (See Instru	ructions)		
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	MONET	ARY POLITICAL CONTRIBUTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this for	m.	1	Total pages Schedule A1: Sch: 10/105 Rpt: 13/117	
2	FILER NAME Lubbock Co	alition For Healthcare Access		3	Filer ID	
4	Date 04/11/2021	5 Full name of contributor out-of-state PAC (ID#: Burdick, Andrew		7	Amount of Contribution (\$)	\$20.00
		6 Contributor address; City; State; Zip Code				
8	Principal occu	Schenectady, NY 12309 pation / Job title (See Instructions)	Employer (See Instructions	)		
	•	,				
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Burgess Jr, Bradford			Amount of Contribution (\$)	\$10.00
		Contributor address; City; State; Zip Code				7_0.00
		Fort Myers, FL 33907				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/27/2021	Full name of contributor out-of-state PAC (ID#: Burkhart, Karen			Amount of Contribution (\$)	\$25.00
	03/2//2021	Contributor address; City; State; Zip Code				φ25.00
		Sandia Park, NM 87047				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	10	
Г	Date 03/24/2021	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	фE0 00
	03/24/2021	Burnett, Judith  Contributor address; City; State; Zip Code				\$50.00
		Lubbock, TX 79416				
	Principal occ	pation / Job title (See Instructions)	Employer (See Instructions	j)		<del></del>
	Date	Full name of contributor  ut-of-state PAC (ID#:			Amount of Contribution (\$)	
	03/26/2021	Burridge, Keith  Contributor address; City; State; Zip Code				\$100.00
		Sommand address, Gry, State, Zip Sout				
·		Chapel Hill, NC 27516				
	Principal occi	pation / Job title (See Instructions)	Employer (See Instructions	5)		9955
	(\$ 79% TM)*		# <del>/ 1                                     </del>		, , , , , , , , , , , , , , , , , , ,	
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### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/105 Rpt: 14/117 2 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Butler, Katherine \$100.00 6 Contributor address; City; State; Zip Code Houston, TX 77008 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/27/2021 Butler, McCall \$50.00 Contributor address; City; State; Zip Code Atlanta, GA 30309 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 CLARK, ROBERT \$25.00 Contributor address; City; State; Zip Code El Paso, TX 79922 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 CRUICKSHANK, KENT \$25.00 Contributor address; City; State; Zip Code MORRISVILLE, PA 19067 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Caldwell, Heather \$25.00 Contributor address; City; State; Zip Code Springport, MI 49284 Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

	MONET	ARY POLITICAL CONTRIBUTION	Salara	SCHEDULI	≣ A1
, della	The Instruc	ction Guide explains how to complete this form	n. de la	1 Total pages Schedule A1: Sch: 12/105 Rpt: 15/117	1-35-
2	FILER NAME Lubbock Coa	ulition For Healthcare Access		3 Filer ID	
4	Date 03/26/2021	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$)	\$25.00
8	Principal occu	pation / Job title (See Instructions)  9	Employer (See Instructions)	100_00	
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Campbell, Colleen  Contributor address; City; State; Zip Code  Denver, CO 80221		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Campbell, Mariel  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$25.00
	Principal occu	Albuquerque, NM 87106 pation / Job title (See Instructions)	Employer (See Instructions)		10 Th
1 1987	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Campbell, Patricia  Contributor address; City; State; Zip Code  Mashpee, MA 02649	)	Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Capell, David  Contributor address; City; State; Zip Code  Los Angeles, CA 90067		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
			0		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/105 Rpt: 16/117 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Carlson, Jay \$100.00 Contributor address; City; State; Zip Code Brooklyn, NY 11205 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Carmichael, Philip \$50.00 Contributor address; City; State; Zip Code Grandview, NY 10960 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 03/27/2021 Carrillo, Martin \$25.00 Contributor address; City; State; Zip Code Pasadena, CA 91107 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Carter, Michael \$50.00 Contributor address; City; State; Zip Code Ft Davis, TX 79734 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Case, Nelly \$25.00 Contributor address; City; State; Zip Code Los Alamos, NM 87544 Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

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The Instruc	tion Guide explains how to complete this form	1 Total pages Schedule A1: Sch: 14/105 Rpt: 17/117	
2 FILER NAME Lubbock Coa	lition For Healthcare Access	3 Filer ID	
03/26/2021	Full name of contributor out-of-state PAC (ID#: Castle, Susan  Contributor address; City; State; Zip Code	7 Amount of Contribution (\$)	\$25.00
P. Dringing again	Brentwood, CA 94513	Frederic (October 1997)	
• Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Chaffin, Claudia  Contributor address; City; State; Zip Code	Amount of Contribution (\$)	\$10.00
	Georgetown, TX 78626		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Chaplow, Emilie  Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$.	100.00
	Studio City, CA 91602		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date 04/06/2021	Full name of contributor out-of-state PAC (ID#: Cheatham, John Contributor address; City; State; Zip Code	\$	100.00
Principal occu	Lubbock, TX 79410 pation / Job title (See Instructions)	Employer (See Instructions)	17
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Chiverton, Chris  Contributor address; City; State; Zip Code	Amount of Contribution (\$)	\$1.00
	Coos bay, OR 97420	Employer (See Instructions)	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 15/105 Rpt: 18/117 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Clark, Beverly \$50.00 6 Contributor address; City; State; Zip Code Austin, TX 78723 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Clark, Beverly \$50.00 Contributor address; City; State; Zip Code Austin, TX 78723 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/01/2021 Clark, Jane \$100.00 Contributor address; City; State; Zip Code Kerrville, TX 78028 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/27/2021 Clausner, Heather \$10.00 Contributor address; City; State; Zip Code Jacksonville, FL 32224 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2021 Cobb, Brittani \$50.00 Contributor address; City; State; Zip Code Austin, TX 78727 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 16/105 Rpt: 19/117 FILER NAME 3 Filer ID **Lubbock Coalition For Healthcare Access** 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2021 Conyngham, Karen \$25.00 6 Contributor address; City; State; Zip Code Austin, TX 78746 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Coolman, Elizabeth \$25.00 Contributor address; City; State; Zip Code Denver, CO 80210 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Corsaro, Nancy L \$25.00 Contributor address; City; State; Zip Code Dallas, TX 75248 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Cory, Peter \$50.00 Contributor address; City; State; Zip Code Wellesley Hills, MA 02481 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Costa, Philip \$3.00 Contributor address; City; State; Zip Code New Hartford, NY 13413 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/105 Rpt: 20/117 FILER NAME Filer ID Lubbock Coalition For Healthcare Access 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/02/2021 Costa, Philip \$3.00 6 Contributor address; City; State; Zip Code New Hartford, NY 13413 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/09/2021 Costa, Philip \$3.00 Contributor address; City; State; Zip Code New Hartford, NY 13413 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:\_ 04/16/2021 Costa, Philip \$3.00 Contributor address; City; State; Zip Code New Hartford, NY 13413 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Coulon, Ann \$25.00 Contributor address; City; State; Zip Code Euless, TX 76040 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Date Amount of Contribution (\$) out-of-state PAC (ID#:\_ 03/26/2021 Cowan, Laurie \$100.00 Contributor address; City; State; Zip Code Naples, FL 34102 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

	MONEI	ARY POLITICAL CONTRIBUTION	<b>5</b>	12	SCHEDULE	A1
	The Instru	ction Guide explains how to complete this form	n	1	Total pages Schedule A1: Sch: 18/105 Rpt: 21/117	JAT V
2	FILER NAME Lubbock Co	alition For Healthcare Access		3	Filer ID	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	Date 04/19/2021	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$50.00
		New York, NY 10003				
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		πb
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Crockett, Angela H.  Contributor address; City; State; Zip Code  Philadelphia, PA 19103	- 4		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 03/27/2021	Full name of contributor out-of-state PAC (ID#: Cruder, Peggy  Contributor address; City; State; Zip Code  Aurora, CO 80017			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>  s)		
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Currington, Linda  Contributor address; City; State; Zip Code  Kenosha, WI 53140			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		33
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Cusick, Alenore  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
_	Principal occi	Glenmont, NV 12077 pation / Job title (See Instructions)	Employer (See Instructions	s)		
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 19/105 Rpt: 22/117 2 FILER NAME Filer ID Lubbock Coalition For Healthcare Access 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 \$25.00 Czora, Dee 6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/27/2021 Degroot, Alison \$25.00 Contributor address; City; State; Zip Code Amherst, MA 01002 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Date out-of-state PAC (ID#:\_ Amount of Contribution (\$) 04/03/2021 Deurmyer, Laura \$250.00 Contributor address; City; State; Zip Code Lubbock, TX 79413 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 04/19/2021 DiMascio, Shannon \$25.00 Contributor address; City; State; Zip Code Plano, TX 75023 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Dicicco-Bloom, Barbara \$25.00 Contributor address; City; State; Zip Code Princeton Junction, NJ 08550 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETA	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE A	A1
The Instruct	tion Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 20/105 Rpt: 23/117	ai)
2 FILER NAME Lubbock Coal	ition For Healthcare Access	***	3 Filer ID	Sind .
03/26/2021	Full name of contributor out-of-state PAC (ID#: Diller, Ann Contributor address; City; State; Zip Code		7 Amount of Contribution (\$)	\$25.00
8 Principal occup	Gansevoort, NY 12831 ation / Job title (See Instructions)	Employer (See Instructions)		-
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Doucet, Bethany  Contributor address; City; State; Zip Code  Lake Charles, LA 70605		Amount of Contribution (\$)	\$25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions		
Date 04/17/2021	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$15.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	)	
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Downes, Amber  Contributor address; City; State; Zip Code  Monroe, MI 48162		Amount of Contribution (\$)	\$25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions		_
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	)	-

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 21/105 Rpt: 24/117 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Driessen, Lynn \$25.00 6 Contributor address; City; State; Zip Code Appleton, WI 54915 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/17/2021 Drigalenko, Alina \$25.00 Contributor address; City; State; Zip Code Lubbock, TX 79424 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Dsouza, Lawrence \$100.00 Contributor address; City; State; Zip Code Washington, DC 20003 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 DuBois, Emily \$50.00 Contributor address; City; State; Zip Code Santa Cruz, CA 95063 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/13/2021 Dugan, Lindsay \$15.00 Contributor address; City; State; Zip Code Shallowater, TX 79363 Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS	313	SCHEDUL	E A1
	The Instru	ction Guide explains ho	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 22/105 Rpt: 25/117	
2	FILER NAME Lubbock Coa	alition For Healthcare Access			3	Filer ID	
4	Date 04/11/2021	5 Full name of contributor Duncan, John	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$100.00
		6 Contributor address; City; S	state; Zip Code				
Ļ		Lubbock, TX 79416			L		
8	Principal occu	pation / Job title (See Instruction		9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	04/06/2021	Dunn, Bryan and Linda		***************************************	-		\$100.00
		Contributor address; City; S	state; Zip Code				
		Lubbock, TX 79413					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	<b>L</b> S)		
F	Date	Full name of contributor	out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
	03/26/2021	Dutton, Ian					\$10.00
		Contributor address; City; S	State; Zip Code	-			
		Brooklyn, NY 11217					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	s)		
Г	Date	Full name of contributor	out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
e:	03/26/2021	Dwyer, James					\$10.00
		Contributor address; City; \$	State; Zip Code	,			
		Claremont, CA 91711					
-	Principal occu	pation / Job title (See Instruction	es)	Employer (See Instructions	L s)		
F	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	03/26/2021	Dyke, Ruth	_				\$50.00
		Contributor address; City; s	State; Zip Code				
		Auburn, CA 95604					
Ì	Principal occu	ipation / Job title (See Instruction	ns)	Employer (See Instructions	s)		
	140 N 18 18 18			I.,			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 23/105 Rpt: 26/117 2 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2021 Dyke, Ruth \$50.00 6 Contributor address; City; State; Zip Code Auburn, CA 95604 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2021 Eade, Clifton \$100.00 Contributor address; City; State; Zip Code Lubbock, TX 79410 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 East, Elizabeth \$25.00 Contributor address; City; State; Zip Code Ithaca, NY 14850 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/19/2021 Ehle, Margaret \$25.00 Contributor address; City; State; Zip Code Fort Myers, FL 33908 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Elliott, Jill \$25.00 Contributor address; City; State; Zip Code Danville, CA 94526 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission Version V1.1.eeb5f84f www.ethics.state.tx.us

Section   Sect	The Instruct				
Lubbock Coalition For Healthcare Access  Date   S Full name of contributor		ion Guide explains how to complete this for	rm. at also as a second		1 2017
Date 03/26/2021   Selitor, Robbyn   Selitor, Rob		tion For Houldston, A		3 Filer ID	
Elliott, Robyn    Elliott, Robyn   \$25.00					1025
Annapolis, MD 21401  Principal occupation / Job title (See Instructions)    Pull name of contributor   out-of-state PAC (ID#:	03/26/2021	Elliott, Robyn		7 Amount of Contribution (\$)	\$25.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)	6	Contributor address; City; State; Zip Code			
Date 03/26/2021   Full name of contributor				M.C. Creek	
O3/26/2021 Eineus, Jean \$5.00  Contributor address; City; State; Zip Code  Orlando, FL 32811  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$500.00  Contributor address; City; State; Zip Code  Dallas, TX 75209  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  S25.00  Saratoga, CA 95070  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25.00  Contributor address; City; State; Zip Code  Saratoga, CA 95070  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25.00  Contributor address; City; State; Zip Code  Date  Garatoga, CA 95070  Principal occupation / Job title (See Instructions)  Amount of Contribution (\$)  \$25.00  Date  O3/26/2021  Eskew, Ann H  Contributor address; City; State; Zip Code  Decatur, GA 30030	Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)		-
O3/26/2021 Eineus, Jean \$5.00  Contributor address; City; State; Zip Code  Orlando, FL 32811  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$500.00  Contributor address; City; State; Zip Code  Dallas, TX 75209  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  S25.00  Saratoga, CA 95070  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25.00  Contributor address; City; State; Zip Code  Saratoga, CA 95070  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25.00  Contributor address; City; State; Zip Code  Date  Garatoga, CA 95070  Principal occupation / Job title (See Instructions)  Amount of Contribution (\$)  \$25.00  Date  O3/26/2021  Eskew, Ann H  Contributor address; City; State; Zip Code  Decatur, GA 30030	Date	Full name of contributor  out-of-state PAC (ID#:		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code  Orlando, FL 32811  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$500.00  Contributor address; City; State; Zip Code  Dallas, TX 75209  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25.00  \$25.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  \$25.00  Amount of Contribution (\$)  \$25.00  Contributor address; City; State; Zip Code  Saratoga, CA 95070  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25.00  Amount of Contribution (\$)  \$25.00  Date  O3/26/2021  Eskew, Ann H  Contributor address; City; State; Zip Code  Decatur, GA 30030		. —		(4)	\$5.00
Orlando, FL 32811  Principal occupation / Job title (See Instructions)  Date 04/21/2021    Full name of contributor					•
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Principal occupation / Job title (See Instructions)    Employer (See Instructions)		Orlando El 20044			
Date 04/21/2021 Elting, Kimberley Contributor address; City; State; Zip Code  Dallas, TX 75209  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$) \$500.00  \$500.00  \$500.00  \$500.00  \$500.00  \$500.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$) \$25.00  \$25.00  Date  Full name of contributor out-of-state PAC (ID#:	Dringing! car		Employee (Oss		-
O4/21/2021 Elting, Kimberley \$500.00  Contributor address; City; State; Zip Code  Dallas, TX 75209  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$) \$25.00  Contributor address; City; State; Zip Code  Saratoga, CA 95070  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$) \$25.00  Contributor address; City; State; Zip Code  Saratoga, CA 95070  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$) \$25.00  Date  O3/26/2021 Eskew, Ann H  Contributor address; City; State; Zip Code  Decatur, GA 30030	- ппстраг оссира	woon / Job uue (Jee IIIstructions)	⊏πριογετ (See Instructions)		
Contributor address; City; State; Zip Code    Dallas, TX 75209	1			Amount of Contribution (\$)	
Dallas, TX 75209  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 03/26/2021  Emerson, C Shelley  Contributor address; City; State; Zip Code  Saratoga, CA 95070  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25.00  Principal occupation / Job title (See Instructions)  Date 03/26/2021  Eskew, Ann H  Contributor address; City; State; Zip Code  Decatur, GA 30030	04/21/2021	***************************************			\$500.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25.00    Saratoga, CA 95070		Contributor address; City; State; Zip Code	0		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25.00    Saratoga, CA 95070					
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25.00    Saratoga, CA 95070	İ	Dallas, TX 75209	- T ,m		
Date   Full name of contributor   out-of-state PAC (ID#:	Principal occupa		Employer (See Instructions)		47.74
Contributor address; City; State; Zip Code  Saratoga, CA 95070  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 03/26/2021  Full name of contributor out-of-state PAC (ID#:) Eskew, Ann H  Contributor address; City; State; Zip Code  Decatur, GA 30030					
Contributor address; City; State; Zip Code  Saratoga, CA 95070  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 03/26/2021  Eskew, Ann H  Contributor address; City; State; Zip Code  Decatur, GA 30030			)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code  Saratoga, CA 95070  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)  03/26/2021  Eskew, Ann H  Contributor address; City; State; Zip Code  Decatur, GA 30030	03/26/2021				\$25.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)  Eskew, Ann H  Contributor address; City; State; Zip Code  Decatur, GA 30030	"	Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)  Eskew, Ann H  Contributor address; City; State; Zip Code  Decatur, GA 30030					
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)  Eskew, Ann H  Contributor address; City; State; Zip Code  Decatur, GA 30030		Saratoga, CA 95070			
Date   Full name of contributor   out-of-state PAC (ID#:)   Amount of Contribution (\$) 03/26/2021   Eskew, Ann H	Principal occup		Employer (See Instructions)	3	
03/26/2021 Eskew, Ann H  Contributor address; City; State; Zip Code  Decatur, GA 30030		(		<u> </u>	
Contributor address; City; State; Zip Code  Decatur, GA 30030		·		Amount of Contribution (\$)	
Decatur, GA 30030	03/26/2021	Eskew, Ann H			\$25.00
	ľ	Contributor address; City; State; Zip Code			
		Decatur, GA 30030	•		
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### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 25/105 Rpt: 28/117 FILER NAME Filer ID Lubbock Coalition For Healthcare Access Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Estevez, Bianca \$25.00 6 Contributor address; City; State; Zip Code Houston, TX 77076 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Eurich, Gwen \$25.00 Contributor address; City; State; Zip Code Omaha, NE 68138 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Evans, Sally \$100.00 Contributor address; City; State; Zip Code Mountain View, CA 94040 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Falconer, Laurie \$100.00 Contributor address; City; State; Zip Code San Jose, CA 95136 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Feliz, Marlon \$5.00 Contributor address; City; State; Zip Code Brooklyn, NY 11226 Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instruc	tion Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 26/105 Rpt: 29/117
FILER NAME		3 Filer ID
Lubbock Coa	ition For Healthcare Access	
	Full name of contributor  ut-of-state PAC (ID#:	7 Amount of Contribution (\$)
04/02/2021	Fikes, Amy and Lee	\$25,000.0
ľ	Contributor address; City; State; Zip Code	2
	=	1
	Dallas, TX 75205	
Principal occup	ation / Job title (See Instructions)  9 Emplo	yer (See Instructions)
Date I	Full name of contributor	Amount of Contribution (\$)
03/26/2021	Fishman, Bobbie	\$50.0
ŀ	Contributor address; City; State; Zip Code	
	Hopewell, NJ 08525	A 41 - 44. I
Principal occup		yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$)
03/26/2021	Fitzpatrick, Sydney	\$20.0
	Contributor address; City; State; Zip Code	
		"
	Houston, TX 77030	
Principal occup	ation / Job title (See Instructions) Emplo	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
03/26/2021	Fleisch, Patricia	\$20.0
	Contributor address; City; State; Zip Code	
î	Novato, CA 94947	1 T T T T T T T T T T T T T T T T T T T
Principal occup	The state of the s	oyer (See Instructions)
Date	Full name of contributor	Amount of Contribution (\$)
04/08/2021	Fling, Lorraine	\$10.0
	Contributor address; City; State; Zip Code	
	Elbort CO 90106	
	Elbert, CO 80106	oyer (See Instructions)
Principal occur	ation / Job title (See Instructions) Empl	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 27/105 Rpt: 30/117 FILER NAME 3 Filer ID Lubbock Coalition For Healthcare Access 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/26/2021 Foote, Claire \$5.00 6 Contributor address; City; State; Zip Code Angel Fire, NM 87710 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2021 Forsyth, Lora \$25.00 Contributor address; City; State; Zip Code Plano, TX 75075 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2021 Fountain, Cindy \$25.00 Contributor address; City; State; Zip Code Cleburne, TX 76033 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Foust, Pamela \$20.00 Contributor address; City; State; Zip Code Phoenix, AZ 85006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Franco, Elaine \$50.00 Contributor address; City; State; Zip Code Woodland, CA 95776 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** www.ethics.state.tx.us Forms provided by Texas Ethics Commission Version V1.1.eeb5f84f

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULE	A1
	The Instru	ction Guide explains how to complete this for	m.	1 Total pages Schedule A1: Sch: 28/105 Rpt: 31/117	
2	FILER NAME Lubbock Co	alition For Healthcare Access	l <sub>a-c</sub>	3 Filer ID	
4	Date 03/26/2021	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:</li></ul>		7 Amount of Contribution (\$)	\$50.00
8	Principal occu		Employer (See Instructions)		
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Fregapane, Joan  Contributor address; City; State; Zip Code  Norridge, IL 60706		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
	Date 03/28/2021	Full name of contributor out-of-state PAC (ID#: Friedman, Nancy  Contributor address; City; State; Zip Code  Houston, TX 77055		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	4.1
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Frohmader, Ricardo  Contributor address; City; State; Zip Code  Hollywood, FL 33024	)	Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Fuentes-Filp, Marta  Contributor address; City; State; Zip Code  Oakland, CA 94605		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	

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

The instruc	tion Guide explains how	to complete this fo	orm.		ges Schedule A1: 0/105 Rpt: 33/117	
FILER NAME				3 Filer ID		
Lubbock Coa	lition For Healthcare Access					
Date 03/27/2021	5 Full name of contributor Giese, Charlotte Giese	out-of-state PAC (ID#:_		7 Amount	of Contribution (\$)	\$100.0
6 Contributor address; City; State; Zip Code					<b>\$100.0</b>	
	1	ate; zip Code				
	San Carlos, CA 94070					
Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions)			
Date	Full name of contributor	out-of-state PAC (ID#:_		Amount	of Contribution (\$)	
03/26/2021	Gilroy, Sarah Kathryn					\$10.0
	Contributor address; City; St	ate; Zip Code	•••••••			
	Politimoro MD 21219					
Dringing age	Baltimore, MD 21218		Empleyen (Co. Instructions)			
Principal occu	pation / Job title (See Instructions	,	Employer (See Instructions)			
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount	of Contribution (\$)	
03/30/2021	Goetz, Jeffrey					\$7.0
	Contributor address; City; St	ate; Zip Code	***************************************			
	Reno, NY 89509					
Principal occu	pation / Job title (See Instructions	;)	Employer (See Instructions)	mounts		
N. 1999 V. Co.					(0 11 11 (4)	
Date	Full name of contributor	out-of-state PAC (ID#:_		Amount	of Contribution (\$)	
Date 03/26/2021	Full name of contributor Goldberg, Ceil	out-of-state PAC (ID#:_		Amount	of Contribution (\$)	\$10.0
				Amount	of Contribution (\$)	\$10.0
	Goldberg, Ceil			Amount	of Contribution (\$)	\$10.0
	Goldberg, Ceil  Contributor address; City; St			Amount	of Contribution (\$)	\$10.0
03/26/2021	Goldberg, Ceil  Contributor address; City; St  Silver Spring, MD 20902	ate; Zip Code	Employer (See Instructions	-	of Contribution (\$)	\$10.0
03/26/2021	Goldberg, Ceil  Contributor address; City; St	ate; Zip Code	Employer (See Instructions)	-	of Contribution (\$)	\$10.00
03/26/2021	Goldberg, Ceil  Contributor address; City; St  Silver Spring, MD 20902	ate; Zip Code			of Contribution (\$)	\$10.0
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O3/26/2021 Principal occu	Goldberg, Ceil  Contributor address; City; St  Silver Spring, MD 20902 pation / Job title (See Instructions  Full name of contributor	tate; Zip Code  S)  Out-of-state PAC (ID#:_				
O3/26/2021 Principal occu	Goldberg, Ceil  Contributor address; City; St  Silver Spring, MD 20902  pation / Job title (See Instructions  Full name of contributor  Gonzalez, Paula	tate; Zip Code  S)  Out-of-state PAC (ID#:_				
O3/26/2021 Principal occu	Goldberg, Ceil  Contributor address; City; St  Silver Spring, MD 20902  pation / Job title (See Instructions  Full name of contributor  Gonzalez, Paula  Contributor address; City; St	tate; Zip Code  S)  Out-of-state PAC (ID#:_				
03/26/2021  Principal occu  Date 04/20/2021	Goldberg, Ceil  Contributor address; City; St  Silver Spring, MD 20902 pation / Job title (See Instructions  Full name of contributor Gonzalez, Paula  Contributor address; City; St  Austin, TX 78757	cate; Zip Code  S)  Out-of-state PAC (ID#:_		Amount		
03/26/2021  Principal occu  Date 04/20/2021	Goldberg, Ceil  Contributor address; City; St  Silver Spring, MD 20902  pation / Job title (See Instructions  Full name of contributor  Gonzalez, Paula  Contributor address; City; St	cate; Zip Code  S)  Out-of-state PAC (ID#:_		Amount		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 31/105 Rpt: 34/117 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Goodman, Rebecca \$10.00 Contributor address; City; State; Zip Code Greenville, MS 38701 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 03/23/2021 Goodwin, Constance \$50.00 Contributor address; City; State; Zip Code Lubbock, TX 79410 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 03/29/2021 Goodwin, Constance \$30.00 Contributor address; City; State; Zip Code Lubbock, TX 79410 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 04/09/2021 Goodwin, Constance \$25.00 Contributor address; City; State; Zip Code Lubbock, TX 79410 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2021 Goodwin, Paula \$25.00 Contributor address; City; State; Zip Code Mill Valley, CA 94941 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

The Instruct	ion Guide explains how to complete this for	m.	Total pages Schedule A1: Sch: 32/105 Rpt: 35/117	1
FILER NAME		3	Filer ID	164 16
	tion For Healthcare Access			in the state of the
Date 5			Amount of Contribution (\$)	<b>A</b> FO 6
03/26/2021	Gordon, Megan			\$50.0
	Contributor address; City; State; Zip Code			
	,			
	Addison, TX 75001			
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)		
Data	Full name of contributor		Amount of Contribution (ft)	
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Gould, Yumi	)	Amount of Contribution (\$)	\$25.0
	Contributor address; City; State; Zip Code			Ψ20.(
	Commission address, Only, State, 21p Code			
	V V			
	Portales, NM 88130			
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
03/26/2021	Graddy-Reed, Alexandra			\$25.
ľ	Contributor address; City; State; Zip Code			
	Pasadena, CA 91104			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor	<u>, , , , , , , , , , , , , , , , , , , </u>	Amount of Contribution (\$)	
03/27/2021	Graham, Glynn		(,,	\$25.
•	Contributor address; City; State; Zip Code			
	Cedar Creek, TX 78612			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	The state of the s	10.67
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
03/26/2021	Green, Akiba			<b>\$25</b> .
	Contributor address; City; State; Zip Code			
	Sacramento, CA 95831			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	3. 3. 2001. 3. 10,000	

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 33/105 Rpt: 36/117 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/05/2021 Green, Robin \$1,000.00 6 Contributor address; City; State; Zip Code Lubbock, TX 79416 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/27/2021 Greenberg, Susan \$25.00 Contributor address; City; State; Zip Code New Rochelle, NY 10804 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/27/2021 Gresham, Cynthia \$25.00 Contributor address; City; State; Zip Code Beaumont, TX 77706 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/09/2021 Griffee, Greta \$25.00 Contributor address; City; State; Zip Code Lubbock, TX 79413 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/26/2021 Griffith, Robert \$25.00 Contributor address; City; State; Zip Code Morgantown, WV 26505 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	orm.	Total pages Schedule A1: Sch: 34/105 Rpt: 37/117	30.00
2	FILER NAME Lubbock Coa	alition For Healthcare Access	3	B Filer ID	1
4	03/27/2021	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Hahn, Joy</li> <li>Contributor address; City; State; Zip Code</li> <li>San Francisco, CA 94133</li> </ul>	7	Amount of Contribution (\$)	\$25.00
8	Principal occup		9 Employer (See Instructions)		
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:_ Hale, KT  Contributor address; City; State; Zip Code  La Canada, CA 91011		Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/27/2021	Full name of contributor out-of-state PAC (ID#:_Hall, Ella  Contributor address; City; State; Zip Code  Sharpsburg, GA 30277	)	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Hall, Teresa  Contributor address; City; State; Zip Code  Milan, MI 48160		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/27/2021	Full name of contributor out-of-state PAC (ID#:_ Hammond, Phyllis  Contributor address; City; State; Zip Code  Dallas, TX 75243		Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 35/105 Rpt: 38/117 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Hammonds, Don \$10.00 Contributor address; City; State; Zip Code Lake Dallas, TX 75065 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Hamner, Polly B \$25.00 Contributor address; City; State; Zip Code Marshall, WI 53559 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Hansen, Melanie \$25.00 Contributor address; City; State; Zip Code Columbia, SC 29201 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Harding, Brianna \$5.00 Contributor address; City; State; Zip Code Edwardsville, PA 18704 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Hatfield, Linda \$100.00 Contributor address; City; State; Zip Code West Ossipee, NH 03890 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84t

MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULI	E A1
The Instruc	etion Guide explains how to complete this fo	rm.	Total pages Schedule A1: Sch: 36/105 Rpt: 39/117	
2 FILER NAME Lubbock Coa	alition For Healthcare Access		3 Filer ID	
03/26/2021	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>	)	7 Amount of Contribution (\$)	\$15.00
8 Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		V -3
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		- Walter
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date 03/27/2021	Full name of contributor out-of-state PAC (ID#: Helton, Andrew  Contributor address; City; State; Zip Code  Austin, TX 78745		Amount of Contribution (\$)	\$25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		<u> </u>
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:_ Henderson, Judith  Contributor address; City; State; Zip Code  Tucson, AZ 85718	)	Amount of Contribution (\$)	\$100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
			1	

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 37/105 Rpt: 40/117 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/26/2021 Hendrickson, Donna \$25.00 Contributor address; City; State; Zip Code Santa Rosa, CA 95409 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Hess, Sandra \$100.00 Contributor address; City; State; Zip Code Baltimore, MD 21211 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 04/20/2021 Hester, Thomas \$100.00 Contributor address; City; State; Zip Code Silver City, NM 88061 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Hewitt, Carolyn \$25.00 Contributor address; City; State; Zip Code Boston, MA 02130 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 04/08/2021 Higbee, Laura \$10.00 Contributor address; City; State; Zip Code Nashville, TN 37203 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

The Instruc	tion Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 38/105 Rpt: 41/117	
FILER NAME		3	Filer ID	
Lubbock Coal	ition For Healthcare Access			
04/15/2021	Full name of contributor out-of-state PAC (ID#:) Higbee, Laura Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$10.00
	Nashville, TN 37203	kg		
Principal occup	ation / Job title (See Instructions)  9 Employer (See Instruction	is)		36
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:) Hinkle, Christina	I	Amount of Contribution (\$)	\$10.0
	Contributor address; City; State; Zip Code			
	Lansing, MI 48917	L		
Principal occup	ation / Job title (See Instructions) Employer (See Instruction	is)		
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:)  Hirschfeld, Heather  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.0
Principal occup	Knoxville, TN 37919 ation / Job title (See Instructions)  Employer (See Instruction	ns)		
Date	Full name of contributor	_	Amount of Contribution (\$)	
03/27/2021	Hobbs, Ann	İ	Amount of Contribution (4)	\$25.0
	Contributor address; City; State; Zip Code	+		
		1		
	Silver Spring, MD 20901			
Principal occup	pation / Job title (See Instructions)  Employer (See Instruction	ns)		
Date	Full name of contributor out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
03/26/2021	Holeva, Carla			\$100.0
	Contributor address; City; State; Zip Code			
	Midland, TX 79705			
	oation / Job title (See Instructions) Employer (See Instruction	ns)		1000

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

	MONET	ARY POLITICAL CONTRIBUTION	VS	SCHEDUL	E A1
-	The Instru	ction Guide explains how to complete this for	rm.	Total pages Schedule A1: Sch: 40/105 Rpt: 43/117	
2	FILER NAME Lubbock Co	alition For Healthcare Access		3 Filer ID	
4	Date 03/26/2021	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>	)	7 Amount of Contribution (\$)	\$250.00
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/15/2021	Full name of contributor  out-of-state PAC (ID#: Hosey, Marilyn  Contributor address; City; State; Zip Code  Dallas, TX 75218	2	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	W.	H T
3	Date 03/26/2021	Full name of contributor	)	Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		-11
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Hourcade, Catherine  Contributor address; City; State; Zip Code  Stockton, CA 95203		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
	Date 03/27/2021	Full name of contributor out-of-state PAC (ID#: House, Eulalia  Contributor address; City; State; Zip Code  Chicago, IL 60614		Amount of Contribution (\$)	\$25.00
	Principal occi	pation / Job title (See Instructions)	Employer (See Instructions		

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 41/105 Rpt: 44/117 2 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2021 \$50.00 Howell, luAnn Contributor address; City; State; Zip Code Austin, TX 78758 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Hsu, Benjamin \$25.00 Contributor address; City; State; Zip Code San Carlos, CA 94070 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Huber, Christine J \$50.00 Contributor address; City; State; Zip Code Durham, NC 27707 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Hudgins, Jerry \$20.00 Contributor address; City; State; Zip Code Point Reyes Station, CA 94956 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/20/2021 \$25.00 Hudson, Whitney Contributor address; City; State; Zip Code Allen, TX 75013 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

MONETA	ARY POLITICAL CONTRIBUTION	DNS	,	SCHEDUL	E A1
The Instruc	tion Guide explains how to complete this t	orm.	1	Total pages Schedule A1: Sch: 42/105 Rpt: 45/117	
PILER NAME Lubbock Coal	ition For Healthcare Access		3	Filer ID	3 111 8
04/19/2021	Full name of contributor		7	Amount of Contribution (\$)	\$25.00
Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions	s)	,	a Malerana
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Hunter, Wendy  Contributor address; City; State; Zip Code  Portland, OR 97219	)		Amount of Contribution (\$)	\$15.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	L s)		
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Hushbeck, J  Contributor address; City; State; Zip Code  Davis, CA 95616			Amount of Contribution (\$)	\$100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	s)		100
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Hutter, Kaye  Contributor address; City; State; Zip Code  Boxford, MA 01921			Amount of Contribution (\$)	\$10.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruction	s)		
Date 04/19/2021	Full name of contributor out-of-state PAC (ID#: Hyzak, Travis  Contributor address; City; State; Zip Code		-	Amount of Contribution (\$)	\$25.00
Principal occup	Austin, TX 78723 pation / Job title (See Instructions)	Employer (See Instruction	is)		
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# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 43/105 Rpt: 46/117 FILER NAME 3 Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/26/2021 Ingle, Jo \$100.00 Contributor address; City; State; Zip Code Las Cruces, NM 88007 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 lvy, Heather \$25.00 Contributor address; City; State; Zip Code Eugene, OR 97401 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 04/15/2021 Jacka, Ashlee \$50.00 Contributor address; City; State; Zip Code Lubbock, TX 79416 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 04/15/2021 Jackson, Lyn \$50.00 Contributor address; City; State; Zip Code Lubbock, TX 79424 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Jacob, Debra \$25.00 Contributor address; City; State; Zip Code Milwaukee, WI 53216 Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

MONETA	RY POLITICAL CONTRIBUTION	NS		SCHEDULI	<b>■ A1</b>
The Instruct	ion Guide explains how to complete this fo	rm.		otal pages Schedule A1: sch: 44/105 Rpt: 47/117	
FILER NAME Lubbock Coali	tion For Healthcare Access		3 F	iler ID	
03/26/2021	Full name of contributor out-of-state PAC (ID#:		7 A	mount of Contribution (\$)	\$25.00
Principal occupa		9 Employer (See Instructions)	)		127
Date 04/19/2021	Full name of contributor out-of-state PAC (ID#:		A	mount of Contribution (\$)	\$25.00
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructions)	)		
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:	)	A	mount of Contribution (\$)	\$25.00
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructions)	)		
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:		A	amount of Contribution (\$)	\$10.00
Principal occupa	ntion / Job title (See Instructions)	Employer (See Instructions)	)		
Date 04/01/2021	Full name of contributor out-of-state PAC (ID#: Joachim, Rita  Contributor address; City; State; Zip Code  Spring Valley, NY 10977		A	Amount of Contribution (\$)	\$6.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)	)		12 200
orms provided b	y Texas Ethics Commission www.ethics	state ty lie		Version V1	1.00

Version V1.1.eeb5f84f

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 45/105 Rpt: 48/117 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** 5 Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 \$25.00 Johnson, William Contributor address; City; State; Zip Code New York, NY 10036 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Judd, Barbara \$25.00 Contributor address; City; State; Zip Code Sarasota, FL 34234 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Kane, Irene \$15.00 Contributor address; City; State; Zip Code Oakland, CA 94605 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 03/27/2021 Kanter, Roseanne \$18.00 Contributor address; City; State; Zip Code Lawrence Township, NJ 08648 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 04/19/2021 Karol, Jennifer \$1,500.00 Contributor address; City; State; Zip Code Dallas, TX 75229 Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this for	m.	1 Total pages Schedule A1: Sch: 46/105 Rpt: 49/117	
2	FILER NAME Lubbock Coa	alition For Healthcare Access	)	3 Filer ID	
4	Date 04/21/2021	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$)	\$3,500.00
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)		-
	Date 04/19/2021	Full name of contributor out-of-state PAC (ID#: out-of-state PAC (ID#: Centributor address; City; State; Zip Code  Austin, TX 78735		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	•	
	Date 04/21/2021	Full name of contributor out-of-state PAC (ID#: Kirschner, Geraldine  Contributor address; City; State; Zip Code  Kyle, TX 78640		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Konoske, Paula Contributor address; City; State; Zip Code San Diego, CA 92107		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
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## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 47/105 Rpt: 50/117 FILER NAME Filer ID Lubbock Coalition For Healthcare Access 5 Full name of contributor Date Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Konradi, Amanda \$50.00 6 Contributor address; City; State; Zip Code Towson, MD 21286 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Krathwohl, Kristin \$25.00 Contributor address; City; State; Zip Code West Chicago, IL 60185 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/01/2021 Kraus, Lisa \$5,000.00 Contributor address; City; State; Zip Code Dallas, TX 75209 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Kresek, Robert \$100.00 Contributor address; City; State; Zip Code Los Altos, CA 94022 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/20/2021 Kricheff, Michelle \$18.00 Contributor address; City; State; Zip Code Austin, TX 78752 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

	Total pages Schedule A1: Sch: 48/105 Rpt: 51/117	orm.	to complete this fo	tion Guide explains how	The Instruct
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	V 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		ile a	lition For Healthcare Access	ubbock Coali
	Amount of Contribution (\$)	7	out-of-state PAC (ID#:	5 Full name of contributor	[·
\$10.0			***************************************	Kriegstein, Alan	)3/26/2021
		1 2 2 2 2 2 2	ate; Zip Code	6 Contributor address; City; Sta	6
				Huntington, NY 11743	
	F - 1	9 Employer (See Instructions)	)	ation / Job title (See Instructions)	Principal occupa
*****					
	Amount of Contribution (\$)		out-of-state PAC (ID#:	Full name of contributor	oate
\$25.0				Kuskowski, Deborah	3/26/2021
			ate; Zip Code	Contributor address; City; Sta	
			on, MI 48038	Charter Township of Clinto	
	8	Employer (See Instructions)	)	oation / Job title (See Instructions)	Principal occupa
	Amount of Contribution (\$)		out-of-state PAC (ID#:_	Full name of contributor	Date
\$50.0	Amount of Contribution (\$)		Out-of-state PAC (ID#	LOVE, KATHLEEN	04/19/2021
400.0			ate: Zio Code	Contributor address; City; Sta	•••
		183.		Dallas, TX 75218	
		Employer (See Instructions)	)	pation / Job title (See Instructions)	Principal occupa
	Amount of Contribution (\$)	)	out-of-state PAC (ID#:_	Full name of contributor	Date
\$200.0				LaRocca, Sarah	3/29/2021
			ate; Zip Code	Contributor address; City; Sta	•
				San Francisco, CA 94103	
ii G.		Employer (See Instructions)		pation / Job title (See Instructions)	Principal occupa
<b>#05</b> 6	Amount of Contribution (\$)		out-of-state PAC (ID#:_	Full name of contributor  LaZelle, Randi	Date 03/26/2021
\$25.0				***************************************	
			iale; Zip Code	Contributor address; City; Sta	
			1	Cottage Grove, OR 97424	
		Employer (See Instructions)	3)	oation / Job title (See Instructions)	Principal occupa
	42 - 1 - 1	Employer (See Instructions)			rincipal occup

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 49/105 Rpt: 52/117 2 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 04/08/2021 Lambrecht, Ken \$350.00 Contributor address; City; State; Zip Code Austin, TX 78703 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/30/2021 Lamont, Jane \$50.00 Contributor address; City; State; Zip Code Walnut Creek, CA 94595 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Lane, Felicia \$25.00 Contributor address; City; State; Zip Code Newport Beach, CA 92660 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 03/26/2021 Langworthy, Muriel \$100.00 Contributor address; City; State; Zip Code Lake Ridge, VA 22192 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Larkin, Kathleen \$50.00 Contributor address; City; State; Zip Code **Dallas, TX 75219** Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

	MONET	ARY POLITICAL CONTRIBUTIO	NS * The state of the state of	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 50/105 Rpt: 53/117
2	FILER NAME Lubbock Coa	alition For Healthcare Access		3 Filer ID
4	Date 04/19/2021	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Lary, Michelle</li> <li>6 Contributor address; City; State; Zip Code</li> <li>Lubbock, TX 79410</li> </ul>		7 Amount of Contribution (\$) \$100.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:_Lasa-Sloan, Maria  Contributor address; City; State; Zip Code  Chevy Chase, MD 20815		Amount of Contribution (\$) \$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 04/19/2021	Full name of contributor out-of-state PAC (ID#: Laster, Dorothea Contributor address; City; State; Zip Code  Corinth, TX 76210		Amount of Contribution (\$) \$50.00
150	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:_Lather, Anndrey  Contributor address; City; State; Zip Code  Venice, FL 34393		Amount of Contribution (\$) \$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
	Date 04/20/2021	Full name of contributor out-of-state PAC (ID#: Lau, Shannon  Contributor address; City; State; Zip Code  Addison, TX 75001		Amount of Contribution (\$) \$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 51/105 Rpt: 54/117 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Laubgross, Janet \$10.00 Contributor address; City; State; Zip Code Boca Raton, FL 33433 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/12/2021 Laubmeier, Amanda \$25.00 Contributor address; City; State; Zip Code Lubbock, TX 79416 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/27/2021 Lawley, Gail \$5.00 Contributor address; City; State; Zip Code tucson, AZ 85710 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Lawrence, Melanie \$25.00 Contributor address; City; State; Zip Code Washington, DC 20002 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/01/2021 Lebowitz Aberly Family Foundation \$5,000.00 Contributor address; City; State; Zip Code Boston, MA 02114 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDUL	e A1
	The Instru	ction Guide explains how to complete this fo	rm.	. Total pages Schedule A1: Sch: 52/105 Rpt: 55/117	127
2	FILER NAME Lubbock Co	alition For Healthcare Access	3	Filer ID	
4	Date 03/26/2021	5 Full name of contributor	7	Amount of Contribution (\$)	\$15.00
8	Principal occu	Watertown, MA 02472 pation / Job title (See Instructions)	Employer (See Instructions)		100
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	a a	
4.	Date 03/26/2021	Full name of contributor		Amount of Contribution (\$)	\$25.00
1.5	Principal occu	Hillsboro, OR 97124 pation / Job title (See Instructions)	Employer (See Instructions)		-0.
	Date 04/02/2021	Full name of contributor	)	Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Loew, Linda  Contributor address; City; State; Zip Code  Los Gatos, CA 95030		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 53/105 Rpt: 56/117 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/27/2021 Long, Elizabeth \$25.00 6 Contributor address; City; State; Zip Code Houston, TX 77030 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/03/2021 Long, Elizabeth \$25.00 Contributor address; City; State; Zip Code Houston, TX 77030 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Loritz, Anja \$100.00 Contributor address; City; State; Zip Code Tustin, CA 92780 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/27/2021 Love, Ann Marie \$100.00 Contributor address; City; State; Zip Code Traverse City, MI 49684 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 04/15/2021 Lowe, Frances \$25.00 Contributor address; City; State; Zip Code Lubbock, TX 79413 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f841

The Instru	ction Guide explains how to complete this fo	orm.	Total pages Schedule A1: Sch: 54/105 Rpt: 57/117	
FILER NAME	alition For Healthcare Access		B Filer ID	
Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)	
03/27/2021	Lowe, Laura  6 Contributor address; City; State; Zip Code			\$50.00
Principal occu	LUBBOCK, TX 79413  upation / Job title (See Instructions)	9 Employer (See Instructions)		
AND THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSO				
Date 04/19/2021	Full name of contributor	)	Amount of Contribution (\$)	\$50.00
	Contributor address; City; State; Zip Code			
	Fort Davis, TX 79734			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	1 2 2 2	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
04/21/2021	Lowenberg, Julie			\$100.00
	Contributor address; City; State; Zip Code	1		
	Dallas, TX 75209	n , 48		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
04/19/2021	Lufkin, Elise B			\$100.00
	Contributor address; City; State; Zip Code			
	Hailey, ID 83333			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
Date	Lyle, Frances			\$1,000.00
Date 04/21/2021	Contributor address; City; State; Zip Code			
	Continuation address, Only, Clane, 21p code			
	Ft. Worth, TX 76109			

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 55/105 Rpt: 58/117 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** 5 Full name of contributor Date Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Lyon, Carol \$500.00 Contributor address; City; State; Zip Code Frisco, TX 75036 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/16/2021 M.Kennard, Karen \$500.00 Contributor address; City; State; Zip Code austin, TX 78701 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 MCCAMMON, KATIE \$50.00 Contributor address; City; State; Zip Code **GRASS VALLEY, CA 95945** Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/21/2021 MacLean, Leslie \$250.00 Contributor address; City; State; Zip Code Dallas, TX 75201 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Mandel, Miranda \$100.00 Contributor address; City; State; Zip Code Chicago, IL 60602 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

Date Date D3/26/2021 Date D3/26/2021 D5 Full name of contributor	The Instruc	tion Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 56/105 Rpt: 59/117	
Date O3/26/2021    Full name of contributor   out-of-state PAC (IDF:	FILER NAME		3	Filer ID	
03/26/2021 Mann, Patricia S15.0    Contributor address; City; State; Zip Code	Lubbock Coa	lition For Healthcare Access			
B   Contributor address; City; State; Zip Code   Indio, CA 92201.	Date	5 Full name of contributor	7	Amount of Contribution (\$)	
Indio, CA 92201   Principal occupation / Job title (See Instructions)   9	03/26/2021	Mann, Patricia			\$15.00
Principal occupation / Job title (See Instructions)    Pull name of contributor   out-of-state PAC (ID#:	ľ	Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)    Pull name of contributor   out-of-state PAC (ID#:					
Principal occupation / Job title (See Instructions)    Pull name of contributor   out-of-state PAC (ID#:		India CA 02201			
Date O4/19/2021 Full name of contributor	Dringing occur		- Longitor		
O4/19/2021 Martin, Nicole \$25.0  Contributor address; City; State; Zip Code  Richardson, TX 75080  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$) \$1,000.0  O4/21/2021 Occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$) \$100.0  O3/26/2021 Occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor out-of-state PAC (ID#:	Principal occup	auton / Job title (See Instructions)	icuons)		
Contributor address; City; State; Zip Code  Richardson, TX 75080  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  Martin, Patsy  S1,000.0  Contributor address; City; State; Zip Code  Dallas, TX 75219  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  O3/26/2021  Martinez, Sonya  Contributor address; City; State; Zip Code  Santa Cruz, CA 95060  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$100.0  \$100.0  \$25.0  Contributor address; City; State; Zip Code  Santa Cruz, CA 95060  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25.0  Contributor address; City; State; Zip Code  SF, CA 94102	Date	Full name of contributor out-of-state PAC (ID#:	ا ر	Amount of Contribution (\$)	
Richardson, TX 75080  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$1,000.0  Amount of Contribution (\$)  \$1,000.0  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$100.0  Amount of Contribution (\$)  \$100.0  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$100.0  \$100.0  Amount of Contribution (\$)  \$100.0  \$100.0  Amount of Contribution (\$)  \$100.0  Amount of Contribution (\$)  \$100.0  Santa Cruz, CA 95060  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25.0  Amount of Contribution (\$)  \$25.0  SF, CA 94102	04/19/2021	Martin, Nicole			\$25.0
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$1,000.0    Od/21/2021	ľ	Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$1,000.0    Od/21/2021					
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$1,000.0    Od/21/2021					
Date 04/21/2021	590	The second secon			
04/21/2021 Martin, Patsy  Contributor address; City; State; Zip Code  Dallas, TX 75219  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$100.0  \$100.0  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$100.0  \$20.0  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  \$25.0  SF, CA 94102	Principal occup	eation / Job title (See Instructions) Employer (See Instru	ictions)		
Contributor address; City; State; Zip Code    Dallas, TX 75219	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Date Osupation / Job title (See Instructions)  Date O3/26/2021  Full name of contributor out-of-state PAC (ID#:	04/21/2021	Martin, Patsy			\$1,000.0
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 03/26/2021 Full name of contributor  out-of-state PAC (ID#:	ľ	Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 03/26/2021 Full name of contributor  out-of-state PAC (ID#:			man of		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 03/26/2021 Full name of contributor  out-of-state PAC (ID#:		Dallas, TX 75219			
O3/26/2021 Martinez, Sonya \$100.0  Contributor address; City; State; Zip Code  Santa Cruz, CA 95060  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)  O3/27/2021 Martins, Marcie  Contributor address; City; State; Zip Code  SF, CA 94102	Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)		
Contributor address; City; State; Zip Code  Santa Cruz, CA 95060  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date O3/27/2021  Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)  \$25.0  SF, CA 94102	Date	Full name of contributor out-of-state PAC (ID#:	J T	Amount of Contribution (\$)	
Santa Cruz, CA 95060  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  O3/27/2021  Martins, Marcie  Contributor address; City; State; Zip Code  SF, CA 94102	03/26/2021	Martinez, Sonya			\$100.0
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)  03/27/2021 Martins, Marcie  Contributor address; City; State; Zip Code  SF, CA 94102		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)  03/27/2021 Martins, Marcie  Contributor address; City; State; Zip Code  SF, CA 94102					
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)  03/27/2021 Martins, Marcie  Contributor address; City; State; Zip Code  SF, CA 94102		0.1.0			
Date   Full name of contributor   out-of-state PAC (ID#:)   Amount of Contribution (\$)   03/27/2021   Martins, Marcie   \$25.0   Contributor address; City; State; Zip Code   SF, CA 94102	Dringing Lagran				
03/27/2021 Martins, Marcie \$25.0  Contributor address; City; State; Zip Code  SF, CA 94102	Principal occup	Dation / Job title (See Instructions) Employer (See Instru	uctions)		
Contributor address; City; State; Zip Code  SF, CA 94102	Date	Full name of contributor out-of-state PAC (ID#:	ا د	Amount of Contribution (\$)	<del></del>
SF, CA 94102	03/27/2021	Martins, Marcie			\$25.0
		Contributor address; City; State; Zip Code			
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		05.04.04400			
Principal occupation / Job title (See Instructions)	Data da al casa				
ı	Principal occuj	Dauon / Job title (See Instructions) Employer (See Instru	uctions)		

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 57/105 Rpt: 60/117 FILER NAME 3 Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Mattern, Caitlyn \$10.00 Contributor address; City; State; Zip Code New Orleans, LA 70124 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 May, Jeanette \$25.00 Contributor address; City; State; Zip Code Brooklyn, NY 11232 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 McAlister, Gay \$25.00 Contributor address; City; State; Zip Code Crystal Beach, TX 77650 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 McCartney, Robert \$5.00 Contributor address; City; State; Zip Code Killeen, TX 76549 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/27/2021 McCleskey, Kathie \$10.00 Contributor address; City; State; Zip Code Baltimore, MD 21230 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	L
The Instruc	tion Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 58/105 Rpt: 61/117	
PILER NAME Lubbock Coa	lition For Healthcare Access	3 Filer ID	
03/26/2021	Full name of contributor out-of-state PAC (ID#:  McDaniel, Janice  6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$)	0.00
	Westland, MI 48185		
Principal occup	eation / Job title (See Instructions)  9 Empl	oyer (See Instructions)	
Date 04/19/2021	Full name of contributor out-of-state PAC (ID#: McGarr, Janie Contributor address; City; State; Zip Code	) Amount of Contribution (\$) \$500	0.00
Principal occup	Dallas, TX 75220 eation / Job title (See Instructions) Empl	oyer (See Instructions)	
Date 03/29/2021	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$15	5.00
Principal occup	pation / Job title (See Instructions) Empl	oyer (See Instructions)	
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$10	0.00
Principal occu		loyer (See Instructions)	
Date 04/15/2021	Full name of contributor	Amount of Contribution (\$)	5.00
Principal occu	Lubbock, TX 79407 pation / Job title (See Instructions) Emp	loyer (See Instructions)	
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# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 59/105 Rpt: 62/117 FILER NAME Filer ID Lubbock Coalition For Healthcare Access Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/25/2021 McKinney, sheila \$2,500.00 6 Contributor address; City; State; Zip Code Dallas, TX 75254 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/21/2021 McManemin, Megan \$500.00 Contributor address; City; State; Zip Code Dallas, TX 75229 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 McMurry, Jude \$100.00 Contributor address; City; State; Zip Code San Antonio, TX 78216 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 McPherson, Linda \$50.00 Contributor address; City; State; Zip Code Benton Harbor, MI 49022 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 04/19/2021 McRae, Kimberly \$100.00 Contributor address; City; State; Zip Code Lancaster, TX 75146 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	MONETA	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	tion Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 60/105 Rpt: 63/117	tract.
2	FILER NAME Lubbock Coa	lition For Healthcare Access			3	Filer ID	
4	03/26/2021	<ul> <li>Full name of contributor</li> <li>Meerson, Alice</li> <li>Contributor address; City; State</li> <li>Pasadena, CA 91106</li> </ul>		)	7	Amount of Contribution (\$)	\$5.00
8	Principal occup	ation / Job title (See Instructions)	N. S.	9 Employer (See Instructions	)		
	Date 04/21/2021	Full name of contributor Meier, Tammy  Contributor address; City; Sta  Ben Lomond, CA 95005	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)				Employer (See Instructions	5)		
	Date 03/25/2021	Full name of contributor Mendoza, Mayra  Contributor address; City; Sta  San Antonio, TX 78225	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$125.00
	Principal occup	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 04/19/2021	Full name of contributor Mercer, Tiffany  Contributor address; City; Sta	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 04/20/2021	Full name of contributor Merritt, Marlene  Contributor address; City; St  Austin, TX 78751	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
	Principal occup	pation / Job title (See Instructions	)	Employer (See Instructions	s)		
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## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 61/105 Rpt: 64/117 2 FILER NAME Filer ID Lubbock Coalition For Healthcare Access Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/19/2021 Meyer, Marjorie \$100.00 6 Contributor address; City; State; Zip Code Houston, TX 77055 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Michelsen, Lisa \$50.00 Contributor address; City; State; Zip Code Arnold, MD 21012 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:\_ 03/26/2021 Miller, Evelyn S \$50.00 Contributor address; City; State; Zip Code Blairsville, GA 30512 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Miller, James \$50.00 Contributor address; City; State; Zip Code Fort Collins, CO 80525 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 04/02/2021 Miller, Susannah \$10.00 Contributor address; City; State; Zip Code Somerville, MA 02143 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this fo	. Total pages Schedule A1: Sch: 62/105 Rpt: 65/117		
2	FILER NAME Lubbock Coa	alition For Healthcare Access	3	Filer ID	
4	Date 03/26/2021	<ul> <li>5 Full name of contributor</li></ul>	7	Amount of Contribution (\$)	\$100.00
8	Principal occu		9 Employer (See Instructions)		
	Date 04/14/2021	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$1,000.00
5	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/19/2021	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/19/2021	Full name of contributor out-of-state PAC (ID#:_ Mohan, Laura  Contributor address; City; State; Zip Code  Winnsboro, TX 75494		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
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## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 63/105 Rpt: 66/117 2 FILER NAME Filer ID Lubbock Coalition For Healthcare Access Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2021 Moline, Monica \$25.00 Contributor address; City; State; Zip Code Dallas, TX 75208 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Morgan, Patricia \$25.00 Contributor address; City; State; Zip Code phoenix, OR 97535 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2021 Morian, Sarah \$500.00 Contributor address; City; State; Zip Code Houston, TX 77005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Moskow, Patrice \$100.00 Contributor address; City; State; Zip Code Providence, RI 02906 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 03/26/2021 Mulligan, JL \$20.00 Contributor address; City; State; Zip Code Charlottesville, VA 22901 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDUL	E A1
	The Instruc	etion Guide explains how to complete this fo	orm.	Total pages Schedule A1: Sch: 64/105 Rpt: 67/117	
2	FILER NAME Lubbock Coa	lition For Healthcare Access	3	Filer ID	
4	Date 03/26/2021	<ul> <li>Full name of contributor</li></ul>		Amount of Contribution (\$)	\$25.00
8	Principal occu	Lubbock, TX 79424 pation / Job title (See Instructions)	9 Employer (See Instructions)		· · · · · · · · · · · · · · · · · · ·
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:Nakamura, Heidi  Contributor address; City; State; Zip Code  Valley Village, CA 91607		Amount of Contribution (\$)	\$10.00
Principal occupation / Job title (See Instructions) Employer (See Instruc					
	Date 03/26/2021	Full name of contributor	)	Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	0 100 Cq 0 0 0 0	
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:_ Nathanson, Linda  Contributor address; City; State; Zip Code  Santa Monica, CA 90402	)	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	4100	
	Date 04/12/2021	Full name of contributor out-of-state PAC (ID#:_ Neitch, Kenna Contributor address; City; State; Zip Code Victoria, TX 77904		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 65/105 Rpt: 68/117 2 FILER NAME 3 Filer ID Lubbock Coalition For Healthcare Access Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/21/2021 Neumann, Iliana \$100.00 Contributor address; City; State; Zip Code Mc Gregor, TX 76657 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Newman, Iris \$100.00 Contributor address; City; State; Zip Code Philadelphia, PA 19103 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Noderer, Eric \$10.00 Contributor address; City; State; Zip Code Port Clinton, OH 43452 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/21/2021 Noel, Melita \$100.00 Contributor address; City; State; Zip Code Austin, TX 78744 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 03/26/2021 Noonan, Judie \$10.00 Contributor address; City; State; Zip Code Baton Rouge, LA 70817 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULI	E A1
	The Instruc	tion Guide explains how to complete this for	rm.	1 Total pages Schedule A1: Sch: 66/105 Rpt: 69/117	×
2	FILER NAME Lubbock Coa	lition For Healthcare Access		3 Filer ID	
4	Date 03/27/2021	<ul> <li>Full name of contributor</li></ul>	)	7 Amount of Contribution (\$)	\$95.00
8	Principal occup	the second secon	Employer (See Instructions)		
	Date 04/19/2021	Full name of contributor out-of-state PAC (ID#: Northrup, Montgomer D  Contributor address; City; State; Zip Code  Lockhart, TX 78644	)	Amount of Contribution (\$)	\$50.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/15/2021	Full name of contributor out-of-state PAC (ID#: Nuckolls, Sarah  Contributor address; City; State; Zip Code  Lubbock, TX 79424		Amount of Contribution (\$)	\$250.00
1000	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	1000
	Date 03/29/2021	Full name of contributor out-of-state PAC (ID#: O'lear, Betty  Contributor address; City; State; Zip Code  Ashburn, VA 20147		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
	Date 04/21/2021	Full name of contributor out-of-state PAC (ID#: ONEAL, BARBARA  Contributor address; City; State; Zip Code  Waco, TX 76708		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 67/105 Rpt: 70/117 2 FILER NAME 3 Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 OSTROFF, DONNA \$15.00 Contributor address; City; State; Zip Code **RYDAL, PA 19046** 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/20/2021 Orr, Carla \$25.00 Contributor address; City; State; Zip Code Saint Jo, TX 76265 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/17/2021 Orr, Wesley \$25.00 Contributor address; City; State; Zip Code Lubbock, TX 79423 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/31/2021 Osterlund, Annette \$25.00 Contributor address; City; State; Zip Code West Windsor, NJ 08550 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Oursler, Anne \$10.00 Contributor address; City; State; Zip Code Somerville, MA 02144 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	Total pages Schedule A1: Sch: 68/105 Rpt: 71/117	Bla Tipe
2	FILER NAME Lubbock Coalition For Healthcare Access			Filer ID	- 30a
4	Date 03/26/2021	<ul> <li>5 Full name of contributor</li></ul>		Amount of Contribution (\$)	\$25.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		9
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:_POWERS, JOAN  Contributor address; City; State; Zip Code  WASHINGTON, DC 20008		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:_Padiou, Pascale  Contributor address; City; State; Zip Code  New York, NY 10011		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/29/2021	Full name of contributor out-of-state PAC (ID#:_ Paolillo, Gina Contributor address; City; State; Zip Code Nashua, NH 03060	)	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	A CONTRACTOR OF THE CONTRACTOR	
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:_ Papazian, Quinn Contributor address; City; State; Zip Code Cambridge, MA 02139		Amount of Contribution (\$)	\$10.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	1 17 0 1 10 1 10 1 10 1 10 1 10 1 10 1	
	240000000000000000000000000000000000000			4-1-1-1-1-1	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 69/105 Rpt: 72/117 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Paradice, Debra \$100.00 Contributor address; City; State; Zip Code Marietta, GA 30067 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 \$5.00 Paris, Steve Contributor address; City; State; Zip Code Edmond, OK 73083 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Patterson, Nancy \$50.00 Contributor address; City; State; Zip Code Reston, VA 20191 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Paulson, Gwen \$25.00 Contributor address; City; State; Zip Code Alexandria, VA 22304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/08/2021 Payne, Tanya \$250.00 Contributor address; City; State; Zip Code Austin, TX 78746 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Version V1.1.eeb5f84f Forms provided by Texas Ethics Commission www.ethics.state.tx.us

	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE	≣ A1
	The Instru	ction Guide explains how to complete this fo	orm.	Total pages Schedule A1: Sch: 70/105 Rpt: 73/117	
2	FILER NAME Lubbock Coa	alition For Healthcare Access	3	Filer ID	
4	Date 03/26/2021	5 Full name of contributor out-of-state PAC (ID#: Peck, Valerie  6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$15.00
8	Principal occu	Los Angeles, CA 90016  upation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Penna, Catherine  Contributor address; City; State; Zip Code  Oakdale, NY 11769		Amount of Contribution (\$)	\$25.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Petzel, Maria  Contributor address; City; State; Zip Code  Houston, TX 77025		Amount of Contribution (\$)	\$50.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/19/2021	Full name of contributor out-of-state PAC (ID#: Peñaloza, Sylvia  Contributor address; City; State; Zip Code  El Paso, TX 79932		Amount of Contribution (\$)	\$50.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:Pickett-Gordon, Shauna  Contributor address; City; State; Zip Code  Montara, CA 94037		Amount of Contribution (\$)	\$50.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 71/105 Rpt: 74/117 FILER NAME 3 Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/14/2021 Planed Parenthood Texas Votes PAC \$25.00 Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor x out-of-state PAC (ID#: 12FE4M5 Amount of Contribution (\$) 03/24/2021 Planned Parenthood of Orange and San Bernardino Counties' Community \$50,000.00 Contributor address; City; State; Zip Code Anaheim, CA 92805 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 03/31/2021 Poer, Sally \$50.00 Contributor address; City; State; Zip Code Richardson, TX 75080 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Pollard, Jesse \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77058 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Powers, Susan \$50.00 Contributor address; City; State; Zip Code Lafayette, CO 80026 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDUL	E A1
The Instruc	ction Guide explains how to complete this fo	orm.	Total pages Schedule A1: Sch: 72/105 Rpt: 75/117	
2 FILER NAME Lubbock Coa	alition For Healthcare Access	3	Filer ID	
03/26/2021	5 Full name of contributor out-of-state PAC (ID#:_ Proffitt, Alicia 6 Contributor address; City; State; Zip Code Brighton, MI 48116	7	Amount of Contribution (\$)	\$100.00
8 Principal occu		9 Employer (See Instructions)		
Date 04/01/2021	Full name of contributor out-of-state PAC (ID#:_ Puffinburger, Therese  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00
	Atlanta, GA 30309			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:_ REUBEN, BETTY  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$25.00
Principal occu	Sacramento, CA 95825 pation / Job title (See Instructions)	Employer (See Instructions)		Walle o
Date 03/27/2021	Full name of contributor out-of-state PAC (ID#:_Rahmeier, Lynne  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$25.00
Principal occu	Woburn, MA 01801 pation / Job title (See Instructions)	Employer (See Instructions)	Ref	
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:_Raines, Carl  Contributor address; City; State; Zip Code  Dallas, TX 75218		Amount of Contribution (\$)	\$50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 73/105 Rpt: 76/117 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Rapport, Deborah \$100.00 6 Contributor address; City; State; Zip Code Orange, CA 92869 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Rasulev, Bakhtiyor \$10.00 Contributor address; City; State; Zip Code FARGO, ND 58103 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Ratiu, Betta \$25.00 Contributor address; City; State; Zip Code Sugar Grove, IL 60554 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2021 Raymer, Lin \$25.00 Contributor address; City; State; Zip Code Austin, TX 78749 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/21/2021 Rayzor, Selwyn \$1,000.00 Contributor address; City; State; Zip Code Dallas, TX 75225 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

	Total pages Schedule A1: Sch: 74/105 Rpt: 77/117		o complete this form.	ction Guide explains hov	The Instru
-	Filer ID	3			FILER NAME
		_		alition For Healthcare Access	
	Amount of Contribution (\$)	7	out-of-state PAC (ID#:)	5 Full name of contributor	Date
\$15.0				Reavely, Linda	03/26/2021
		l la	e; Zip Code	6 Contributor address; City; S	
		l			
				North Hollywood, CA 916	
		s)	9 Employer (See Instructions	pation / Job title (See Instructions	Principal occu
1000	Amount of Contribution (\$)		out-of-state PAC (ID#:)	Full name of contributor	Date
\$25.0	1 - 1 - 3 - 3			Recht, Barbara	03/26/2021
		1	e; Zip Code	Contributor address; City; S	
				Ramsey, NJ 07446	
-10 I		s)	Employer (See Instruction	pation / Job title (See Instruction:	Principal occu
		-,			•
	Amount of Contribution (\$)	П	out-of-state PAC (ID#:)	Full name of contributor	Date
\$25.0				Reese, Mary	03/27/2021
		1	e; Zip Code	Contributor address; City; S	
				Brooklyn, NY 11209	
	0.67	s)	Employer (See Instruction	pation / Job title (See Instruction	Principal occu
2)	Amount of Contribution (\$)	T	out-of-state PAC (ID#:)	Full name of contributor	Date
\$15.0				Reich, Lindsay	03/26/2021
		1	e; Zip Code	Contributor address; City; S	
				Augtin TV 70720	
		s)	Employer (See Instruction	Austin, TX 78739 pation / Job title (See Instruction	Principal occu
***	Amount of Contribution (\$)		out-of-state PAC (ID#:)	Full name of contributor	Date
\$25.0				Reichenbach, Patricia	03/26/2021
			e; Zip Code	Contributor address; City; S	
				Pflugerville, TX 78660	
Company of the Compan		is)	Employer (See Instruction	pation / Job title (See Instruction	Principal occu

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 75/105 Rpt: 78/117 FILER NAME 3 Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Reid, James \$25.00 Contributor address; City; State; Zip Code Austin, TX 78735 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Resnikoff, Dorit \$25.00 Contributor address; City; State; Zip Code Berkeley, CA 94702 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 \$5.00 Rich, Karen Contributor address; City; State; Zip Code Hallandale, FL 33009 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 \$5.00 Richards, Carli Contributor address; City; State; Zip Code Akron, OH 44311 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 \$20.00 Rico, Tiffany Contributor address; City; State; Zip Code atlanta, GA 30329 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this for	m.	1 Total pages Schedule A1: Sch: 76/105 Rpt: 79/117	
2	FILER NAME Lubbock Co	alition For Healthcare Access		3 Filer ID	
4	Date 03/26/2021	<ul> <li>Full name of contributor</li></ul>	)	7 Amount of Contribution (\$)	\$100.00
8	Principal occu		Employer (See Instructions	)	
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Rittmann, Mary  Contributor address; City; State; Zip Code  Orinda, CA 94563	)	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 04/19/2021	Full name of contributor out-of-state PAC (ID#: Rivers, Adrienne Contributor address; City; State; Zip Code  Austin, TX 78703	)	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Robe, Penny Contributor address; City; State; Zip Code  Plano, TX 75024	)	Amount of Contribution (\$)	\$100.00
	Principal occi	pation / Job title (See Instructions)	Employer (See Instructions	;)	
	Date 04/16/2021	Full name of contributor out-of-state PAC (ID#: Roberts, Lou Contributor address; City; State; Zip Code Lubbock, TX 79493		Amount of Contribution (\$)	\$50.00
	Principal occ	pation / Job title (See Instructions)	Employer (See Instructions	;)	
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 77/105 Rpt: 80/117 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Rodgers, Janice \$100.00 6 Contributor address; City; State; Zip Code Chicago, IL 60614 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/27/2021 Rodriguez, Mariela \$25.00 Contributor address; City; State; Zip Code AUSTIN, TX 78758 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Rodriguez-Ortiz, Azaria \$3.00 Contributor address; City; State; Zip Code Moosup, CT 06354 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/13/2021 Rogat, Edie \$1,000.00 Contributor address; City; State; Zip Code Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Roloson, Gary \$10.00 Contributor address; City; State; Zip Code Arlington, TX 76017 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

	Total pages Schedule A1: Sch: 78/105 Rpt: 81/117		v to complete this form.	ction Guide explains how	The Instruc
	Filer ID	3	- 2	alition For Healthcare Access	FILER NAME Lubbock Coal
\$10.0	Amount of Contribution (\$)	7	out-of-state PAC (ID#:)  State; Zip Code	<ul> <li>Full name of contributor         Roloson, Gary</li> <li>Contributor address; City; St</li> <li>Arlington, TX 76017</li> </ul>	04/02/2021
1027		5)	s) 9 Employer (See Instruction	pation / Job title (See Instructions	Principal occup
\$10.0	Amount of Contribution (\$)		out-of-state PAC (ID#:)  State; Zip Code	Full name of contributor Roloson, Gary Contributor address; City; St	Date 04/09/2021
				Arlington, TX 76017	
52 H-		s)	s) Employer (See Instruction	pation / Job title (See Instructions	Principal occup
\$10.0	Amount of Contribution (\$)		out-of-state PAC (ID#:) State; Zip Code	Full name of contributor Roloson, Gary Contributor address; City; St	Date 04/16/2021
	4	s)	s) Employer (See Instruction	Arlington, TX 76017 pation / Job title (See Instructions	Principal occup
\$25.0	Amount of Contribution (\$)		out-of-state PAC (ID#:)  State; Zip Code	Full name of contributor Rosenberg, Helen Contributor address; City; St	Date 03/26/2021
		s)	Employer (See Instruction	pation / Job title (See Instructions	Principal occup
\$500.0	Amount of Contribution (\$)		out-of-state PAC (ID#:)  State; Zip Code	Full name of contributor Rosenthal, Jennie Contributor address; City; Si	Date 03/25/2021
				Cincinnati, OH 45206	

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

The Instruc	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 80/105 Rpt: 83/117
FILER NAME Lubbock Coa	alition For Healthcare Access		3 Filer ID
03/26/2021	<ul> <li>Full name of contributor Rowe, Gr</li> <li>Contributor address; City; State; Zip Code</li> <li>Bend, OR 97703</li> </ul>	#:)	7 Amount of Contribution (\$) \$25.
Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Date 03/26/2021	Full name of contributor  out-of-state PAC (ID Roworth, Wendy  Contributor address; City; State; Zip Code	»#:)	Amount of Contribution (\$) \$50.
	Providence, RI 02906		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	
Date 03/26/2021	Full name of contributor out-of-state PAC (IE Rowson, Tracie  Contributor address; City; State; Zip Code	)#:)	Amount of Contribution (\$) \$15.
Principal occup	Berkeley, CA 94709 pation / Job title (See Instructions)	Employer (See Instructions)	
Date 03/27/2021	Full name of contributor out-of-state PAC (IE Russ, Tanya  Contributor address; City; State; Zip Code  Reading, PA 19607	)#:)	Amount of Contribution (\$) \$25
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date 03/26/2021	Full name of contributor out-of-state PAC (II Russell, Lindy  Contributor address; City; State; Zip Code	)#:)	Amount of Contribution (\$) \$10

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 81/105 Rpt: 84/117 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/26/2021 Ryan, Connie \$25.00 Contributor address; City; State; Zip Code Brightwood, OR 97011 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 SPRINGER, JILL R. \$50.00 Contributor address; City; State; Zip Code Phoenix, AZ 85016 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Sabatini, Joseph \$50.00 Contributor address; City; State; Zip Code Albuquerque, NM 87107 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Saltzman, Judith \$25.00 Contributor address; City; State; Zip Code Solon, OH 44139 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Sanchez, Kristy \$20.00 Contributor address; City; State; Zip Code Lubbock, TX 79416 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

	Total pages Schedule A1: Sch: 82/105 Rpt: 85/117	orm.	ction Guide explains how to complete this	The Instruc
	Filer ID	3	The Control of the Co	FILER NAME
			alition For Healthcare Access	Lubbock Coal
	Amount of Contribution (\$)		5 Full name of contributor out-of-state PAC (ID:	
\$10.0			Sandoval, Melissa	03/27/2021
		5.0 5 5.8	6 Contributor address; City; State; Zip Code	[
			Fairfield, CA 94533	
		9 Employer (See Instructions)	pation / Job title (See Instructions)	Principal occup
	Amount of Contribution (\$)		Full name of contributor  ut-of-state PAC (ID:	Date
\$25.0			Scanlon, Kelly	03/26/2021
		***************************************	Contributor address; City; State; Zip Code	•
			Chicago, IL 60625	T.
1111		Employer (See Instructions)	pation / Job title (See Instructions)	Principal occup
	Amount of Contribution (\$)	)	Full name of contributor out-of-state PAC (ID	Date
\$5.0			Schiavi, Lorraine	03/27/2021
			Contributor address; City; State; Zip Code	
			Chestertown, NY 12817	
		Employer (See Instructions)	pation / Job title (See Instructions)	Principal occup
	Amount of Contribution (\$)		Full name of contributor	Date
\$10.0			Schilling Minott, DonnaLee	03/26/2021
		•••••••••••••••••••••••••••••••••••••••	Contributor address; City; State; Zip Code	
			Fort Lauderdale, FL 33311	
		Employer (See Instructions)	pation / Job title (See Instructions)	Principal occup
	Amount of Contails of an (th)		Full name of contributor	Date T
\$50.0	Amount of Contribution (\$)	)	Full name of contributor out-of-state PAC (ID Schoendienst, Linda	Date 04/19/2021
Ψ50.0			Contributor address; City; State; Zip Code	04/10/2021
			Community address, City, State, 21p Code	
		V == P	Garland, TX 75044	
				Andrew Control of the

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 83/105 Rpt: 86/117 2 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Schrag, Lisa \$15.00 Contributor address; City; State; Zip Code Chicago, IL 60622 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Schwartz, Paula \$25.00 Contributor address; City; State; Zip Code Avon, CT 06001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:\_ 04/03/2021 Scolari, Miranda \$50.00 Contributor address; City; State; Zip Code LUBBOCK, TX 79413 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 04/01/2021 Scott, Joan \$20.00 Contributor address; City; State; Zip Code Joshua Tree, CA 92252 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Seaver, Carol \$10.00 Contributor address; City; State; Zip Code Croton-on-Hudson, NY 10520 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

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The Instruc	tion Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 84/105 Rpt: 87/117	F .45
FILER NAME Lubbock Coa	lition For Healthcare Access		3	Filer ID	gratu i
04/14/2021	5 Full name of contributor out-of-state PAC (ID#:_ Selby, Mary 6 Contributor address; City; State; Zip Code Austin, TX 78723		7	Amount of Contribution (\$)	\$25.00
Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>L_</u> s)		
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:_ Selkowe, Elizabeth  Contributor address; City; State; Zip Code  New York, NY 10128	)		Amount of Contribution (\$)	\$10.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<b>L</b> _s)		
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:_ Shattuck, Judy  Contributor address; City; State; Zip Code  Great Falls, MT 59404	)		Amount of Contribution (\$)	\$5.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> s)		
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:_Shaw, Diane  Contributor address; City; State; Zip Code  Canyon Country, CA 91387	)		Amount of Contribution (\$)	\$15.00
	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Principal occu	salon 7 300 tale (See matacaons)		-,		
Principal occu Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:_ Shaw, Sydney  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 85/105 Rpt: 88/117 2 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Shields, Martha \$10.00 Contributor address; City; State; Zip Code Omaha, NE 68104 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Shoemaker, Lynn \$5.00 Contributor address; City; State; Zip Code Whitewater, WI 53190 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2021 Shofner, Frank \$50.00 Contributor address; City; State; Zip Code Lago Vista, TX 78645 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Sibley, Sam \$5.00 Contributor address; City; State; Zip Code Evanston, IL 60201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Simmons, Jill \$25.00 Contributor address; City; State; Zip Code New York, NY 10027 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

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FILER NAME	ition For Healthcare Access		3 Filer ID	
			7 (4)	-
03/26/2021	Singer, Beverly		7 Amount of Contribution (\$)	\$25.00
	6 Contributor address; City; State; Zip Code	,		
	Westwood, MA 02090			
Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions)		
Date	Full name of contributor  out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	700
03/26/2021	Singer, Elyse			\$25.0
ľ	Contributor address; City; State; Zip Code			
	Los Angeles, CA 90066	100		
Principal occur	ation / Job title (See Instructions)	Employer (See Instructions)		
о.ра. осоар	2007 COS 1110 (COS 11101 COS 1110)	Employer (ede mandonolo)		
Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of Contribution (\$)	
03/29/2021	Skibell, Sherril	- 166		\$50.0
ľ	Contributor address; City; State; Zip Code			
	Lubbook TV 70416			
Principal occur	Lubbock, TX 79416 ation / Job title (See Instructions)	Employer (See Instructions)		
r meipar occup	auon 7 300 tue (366 manuchons)	Employer (See instructions,		
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/29/2021	Skrudland, Kerri			\$25.0
	Contributor address; City; State; Zip Code			
	Springfield, IL 62711			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	)	
Date	Full name of contributor	,	Amount of Contribution (\$)	
04/17/2021	Smead, Raymond		2	\$50.0
	Contributor address; City; State; Zip Code			
	LUBBOCK, TX 79401			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 87/105 Rpt: 90/117 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** 5 Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Smith, Jennifer \$25.00 6 Contributor address; City; State; Zip Code La Canada Flintridge, CA 91011 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Snearly, Richard \$50.00 Contributor address; City; State; Zip Code Albuquerque, NM 87109 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/27/2021 Snyder, Nancy \$50.00 Contributor address; City; State; Zip Code Annapolis, MD 21403 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Sobel, Carolyn \$25.00 Contributor address; City; State; Zip Code Chester, VT 05143 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/21/2021 Solana, Nancy \$1,000.00 Contributor address; City; State; Zip Code Dallas, TX 75225 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instruc	tion Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 88/105 Rpt: 91/117	
2	FILER NAME Lubbock Coa	lition For Healthcare Access		3	Filer ID	
4	03/26/2021	<ul> <li>Full name of contributor</li></ul>	D#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 04/16/2021	Full name of contributor out-of-state PAC (II Squires, Allison  Contributor address; City; State; Zip Code  Austin, TX 78751			Amount of Contribution (\$)	\$30.00
	Principal occup	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 03/26/2021	Full name of contributor out-of-state PAC (II Stader, Ellen  Contributor address; City; State; Zip Code  Austin, TX 78722	D#:)		Amount of Contribution (\$)	\$25.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	is)		
	Date 03/26/2021	Full name of contributor out-of-state PAC (I Stahr, Stephanie Contributor address; City; State; Zip Code Vienna, VA 22182	D#:		Amount of Contribution (\$)	\$25.00
er inge	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date 04/19/2021	Full name of contributor out-of-state PAC (I Steadman, Shelli Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)		

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

MONETA	ARY POLITICAL CONTRIBUTION	NS	SCHEDULI	E A1
The Instruc	tion Guide explains how to complete this fe	orm.	1 Total pages Schedule A1: Sch: 90/105 Rpt: 93/117	
2 FILER NAME Lubbock Coa	lition For Healthcare Access		3 Filer ID	
03/26/2021	5 Full name of contributor out-of-state PAC (ID#:_ Stienecker, Sandy L  6 Contributor address; City; State; Zip Code  Partland, OR 97310		7 Amount of Contribution (\$)	\$50.00
8 Principal occup	Portland, OR 97219 pation / Job title (See Instructions)	9 Employer (See Instructions)		
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:_ Still, Christopher  Contributor address; City; State; Zip Code  Altadena, CA 91001	)	Amount of Contribution (\$)	\$50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:_ Stinson, Susan Contributor address; City; State; Zip Code Greensboro, NC 27401		Amount of Contribution (\$)	\$100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:_ Storm, Pamela  Contributor address; City; State; Zip Code  San Francisco, CA 94119		Amount of Contribution (\$)	\$50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#:_ Strauss, Mary B  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00
Principal occup	Oakland, CA 94610 pation / Job title (See Instructions)	Employer (See Instructions)		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 91/105 Rpt: 94/117 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Stubblefield, Merry \$25.00 6 Contributor address; City; State; Zip Code Albuquerque, NM 87111 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/27/2021 Sweeney, Marybeth \$25.00 Contributor address; City; State; Zip Code Keene, NH 03431 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/26/2021 Szeles, Robert \$25.00 Contributor address; City; State; Zip Code Los Angeles, CA 90039 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Talbot, Sarah \$100.00 Contributor address; City; State; Zip Code Austin, TX 78756 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2021 Teague, Karen \$5.00 Contributor address; City; State; Zip Code Dallas, TX 75218 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Version V1.1.eeb5f84f Forms provided by Texas Ethics Commission www.ethics.state.tx.us

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The Instruct	ion Guide explains how to complete this for	m.	Sch: 92/105 Rpt: 95/117	
FILER NAME Lubbock Coal	tion For Healthcare Access	3	Filer ID	
Date 5	Full name of contributor  ut-of-state PAC (ID#:		Amount of Contribution (\$)	
03/26/2021	Telian, Bobbi			\$15.00
ë	Contributor address; City; State; Zip Code			
	Paradise, PA 17562			
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)		Tra Tra
Date	Full name of contributor out-of-state PAC (ID#:	) [	Amount of Contribution (\$)	- A
03/26/2021	Tennes, Terry			\$25.00
•	Contributor address; City; State; Zip Code	***************************************		
	Oak Park, IL 60302			
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)		ing e
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
03/26/2021	Thomas, Angela			\$50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77019			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
03/26/2021	Thomson, Elizabeth			\$50.00
	Contributor address; City; State; Zip Code			
1				
	Albuquerque, NM 87112			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor		Amount of Contribution (\$)	-
03/26/2021	Thorp, Catherine			\$25.00
	Contributor address; City; State; Zip Code			
	Laguna Beach, CA 92651			5
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 93/105 Rpt: 96/117 FILER NAME Filer ID Lubbock Coalition For Healthcare Access Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/28/2021 Tipton, Keith \$15.00 6 Contributor address; City; State; Zip Code Lubbock, TX 79414 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/04/2021 Tipton, Keith \$15.00 Contributor address; City; State; Zip Code Lubbock, TX 79414 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/11/2021 Tipton, Keith \$15.00 Contributor address; City; State; Zip Code Lubbock, TX 79414 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/18/2021 Tipton, Keith \$15.00 Contributor address; City; State; Zip Code Lubbock, TX 79414 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Date Amount of Contribution (\$) out-of-state PAC (ID#: 04/19/2021 Titus, Gabrielle \$25.00 Contributor address; City; State; Zip Code Austin, TX 78745 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission Version V1.1.eeb5f84f www.ethics.state.tx.us

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

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 95/105 Rpt: 98/117 2 FILER NAME Filer ID **Lubbock Coalition For Healthcare Access** 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 Troik, Diana \$100.00 6 Contributor address; City; State; Zip Code Camarillo, CA 93010 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Usenheimer, Toby \$25.00 Contributor address; City; State; Zip Code Lake Worth, FL 33467 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 VALK, CAROL \$50.00 Contributor address; City; State; Zip Code Berkeley, CA 94708 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 03/26/2021 Vallet, Rita \$100.00 Contributor address; City; State; Zip Code Houston, TX 77007 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/02/2021 Vannette, David \$100.00 Contributor address; City; State; Zip Code Davis, CA 95616 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

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

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

The Instruc	tion Guide explains how to complete this	form.	Total pages Schedule A1: Sch: 98/105 Rpt: 101/117
FILER NAME	lition For Healthcare Access	3	Filer ID
03/26/2021	5 Full name of contributor  out-of-state PAC (ID#: Wenzel, Richard		Amount of Contribution (\$) \$25.
(	6 Contributor address; City; State; Zip Code		
	Lubbock, TX 79423		
Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions)	
Date	Full name of contributor  out-of-state PAC (ID#:		Amount of Contribution (\$)
04/21/2021	White, Patricia		\$50.
•	Contributor address; City; State; Zip Code		
	El Paso, TX 79925	3	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor		Amount of Contribution (\$)
03/26/2021	White, Patricia S		\$15
ŀ	Contributor address; City; State; Zip Code		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Commission and Commis	25.	
X	Denton, TX 76210	H Sensitions of the sense	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of Contribution (\$)
03/26/2021	Whited, Gary		\$25
Ī	Contributor address; City; State; Zip Code		
	Jamaica Plain, MA 02130		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
04/19/2021	Wieber, Angela		\$50
1	Contributor address; City; State; Zip Code		
	Auctin TV 79757	18	
Principal occup	Austin, TX 78757 pation / Job title (See Instructions)	Employer (See Instructions)	en de la contraction de la con

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 99/105 Rpt: 102/117 FILER NAME Filer ID Lubbock Coalition For Healthcare Access Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2021 Williams, Cecelia \$5.00 Contributor address; City; State; Zip Code **Dallas, TX 75229** Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/13/2021 Williams, Jeffrey \$10.00 Contributor address; City; State; Zip Code Lubbock, TX 79410 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 04/01/2021 Wolensky-Gadea, Elizabeth \$50.00 Contributor address; City; State; Zip Code Austin, TX 78747 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/26/2021 \$100.00 Wolinetz, Eric Contributor address; City; State; Zip Code Chicago, IL 60625 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 Worthington, E \$5.00 Contributor address; City; State; Zip Code Greencastle, PA 17225 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	<b>E A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.		pages Schedule A1: 100/105 Rpt: 103/117	7
2	FILER NAME Lubbock Coa	alition For Healthcare Access	6e	3 Filer II	)	
4	Date 04/19/2021	5 Full name of contributor out-of-state PAC (ID#: Wyatt, Cynthia	)	7 Amou	nt of Contribution (\$)	\$25.00
		6 Contributor address; City; State; Zip Code  Austin, TX 78704		100		
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Zehring, Peggy Contributor address; City; State; Zip Code	)	Amou	nt of Contribution (\$)	\$25.00
		La Veta, CO 81055				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)		
	Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: Ziemacki, Beth Contributor address; City; State; Zip Code	)	Amou	nt of Contribution (\$)	\$25.00
		Brooklyn, NY 11215				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/26/2021	Full name of contributor	)	Amou	nt of Contribution (\$)	\$250.00
		windermere, FL 34786		lit y		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/21/2021	Full name of contributor out-of-state PAC (ID#: bender, flauren Contributor address; City; State; Zip Code	Amou	nt of Contribution (\$)	\$100.00	
		Dallas, TX 75209				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
				va g		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 101/105 Rpt: 104/117 FILER NAME Filer ID Lubbock Coalition For Healthcare Access 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 04/20/2021 \$100.00 berry, pam 6 Contributor address; City; State; Zip Code austin, TX 78703 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/16/2021 boss, melissa \$100.00 Contributor address; City; State; Zip Code WACO, TX 76710 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:\_ 03/26/2021 chantler, helen \$25.00 Contributor address; City; State; Zip Code Santa Fe, NM 87505 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/31/2021 dunn, bryan \$50.00 Contributor address; City; State; Zip Code LUBBOCK, TX 79413 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/26/2021 fritze, margaret \$100.00 Contributor address; City; State; Zip Code Forestburgh, NY 12777 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us

Version V1.1.eeb5f84f

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instruc	tion Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 102/105 Rpt: 105/117	7
2	FILER NAME Lubbock Coa	lition For Healthcare Access			3	Filer ID	
4	Date 03/26/2021	<ul><li>5 Full name of contributor gaeta, jessica</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Ventura, CA 93001 pation / Job title (See Instructions)		9 Employer (See Instructions	 ;)		
- A	Date 03/26/2021	Full name of contributor heilbronner, diane  Contributor address; City; Sta  Chicagoc, IL 60657	out-of-state PAC (ID#:_ tte; Zip Code			Amount of Contribution (\$)	\$36.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		3 1000
	Date 04/19/2021	Full name of contributor lee, barbara  Contributor address; City; States	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 04/19/2021	Full name of contributor malcik, susan  Contributor address: City; Sta  Austin, TX 78751	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 04/19/2021	Full name of contributor mcclurkin, chanin  Contributor address; City; Sta	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
83	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		

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

	MONET	ARY POLITICAL CON	TRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 104/105 Rpt: 107/117	
2	FILER NAME Lubbock Coa	alition For Healthcare Access			3	Filer ID	
4	Date 03/26/2021	<ul> <li>Full name of contributor out-newman, laraine</li> <li>Contributor address; City; State; Zip</li> <li>Los Angeles, CA 90036</li> </ul>	t-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date 03/26/2021	Full name of contributor outpaige, christine  Contributor address; City; State; Zip	t-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/26/2021	Full name of contributor out peterson, sally  Contributor address; City; State; Zip  Pacific Grove, CA 93950	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	3 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	Date 03/26/2021	Full name of contributor out schwenker, jennifer  Contributor address; City; State; Zip  austin, TX 78732	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 03/27/2021	sinovsky, Barbara	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		

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

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

# SCHEDULE C1

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

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

SCHEDULE C2

_				
	The II	nstruction Guide explains how to complete this form.	1 Total pages Scheo Sch: 1/1 Rpt: 11	
2	FILER NAME		3 Filer ID	5 21
	Lubbock Coa	alition For Healthcare Access		
4	Date	5 Corporation / Labor Organization name	7 Amount of	8 In-kind contribution
ŀ	04/21/2021	ACLU Texas	contribution(\$)	description
		6 Corporation / Labor Organization address; City; State; Zip Code	\$1,492.78	Staff Time
		P.O. Box 8306	- ' -	1 2
		1,10,20,000		
		Houston, TX 77288	Check if travel outsi	de of Texas. Complete Schedule T.
	Date	Corporation / Labor Organization name	Amount of	In-kind contribution
	04/21/2021	Planned Parenthood Federation of America	contribution(\$)	description
		Corporation / Labor Organization address; City; State; Zip Code	\$2,558.78	Staff Time
		123 William Street		
		New York, NY 10038	Check if travel outsi	de of Texas. Complete Schedule T.
	Date	Corporation / Labor Organization name	Amount of	In-kind contribution
	04/07/2021	Planned Parenthood Federation of America	contribution(\$)	description
		Corporation / Labor Organization address; City; State; Zip Code	\$3,538.48	Legal Services
		123 William Street		
		New York, NY 10038	Check if travel outsi	de of Texas. Complete Schedule T.
	Date	Corporation / Labor Organization name	Amount of	In-kind contribution
	04/21/2021	Planned Parenthood Texas Votes	contribution(\$)	description
		Corporation / Labor Organization address; City; State; Zip Code	\$10,078.42	Staff Time
		P.O. Box 41646		la Company
		g	_	
		Austin, TX 78704	Check if travel outsi	de of Texas. Complete Schedule T.
	Date	Corporation / Labor Organization name	Amount of	In-kind contribution
	04/21/2021	Planned Parenthood Texas Votes	contribution(\$)	description
		Corporation / Labor Organization address; City; State; Zip Code	\$37.31	Accounting Software
		P.O. Box 41646		
			×	-
L		Austin, TX 78704	Check if travel outsi	de of Texas. Complete Schedule T.
	Date	Corporation / Labor Organization name	Amount of	In-kind contribution
	04/21/2021	Planned Parenthood of Greater Texas	contribution(\$)	description
		Corporation / Labor Organization address; City; State; Zip Code	\$7,432.00	Staff Time
		7424 Greenville Ave		
		Dallas, TX 75231	Check if travel outsi	de of Texas. Complete Schedule T.

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memor Legal Services The Instruction	702		/ages/0	Contract Labor	Travel Out of District OTHER (enter a category not listed a	above)	
1	Total pages Schedule F1:	2	EII ED NIANA						3 Filer ID	
ľ	· -					dance of		W	3 Filer ID	
L	Sch: 1/1 Rpt: 111/117	L	LUDDOCK CO	palition For He	eaithcare Acc	ess				
4	Date	5	Payee name					C A THE	201 (11)	A Table I
ı	04/21/2021	L	Act Blue							
6	Amount (\$)	ᆕ	Payee addre	ess; City;	State	; Zip Co	do			
ľ	\$1,911.95	ľ	P.O. Box 44	=	State	, Zip Co	ue			1 10
	Ф1,911.95		P.O. BOX 44	41140						
1										
		ı	Somerville,	MA 02144						
8	PURPOSE	(a)	Category (c	ee Categories listed	at the ten of this as	hodule)	(b)	Description		
	OF	`"	Accounting		at the top of this sc	nedule)	(-,		outside of Texas. Complete Schedule T.	
	EXPENDITURE		Accounting	/Darking		1	i		TX, officeholder living expense	3 1
1								Credit Card P		
						= -1 1 1			•	
9	Complete ONLY if direct	Η,	Candidata/O#	iceholder name	150	Office and	ab+		O# h -1-1	
ľ	expenditure to benefit C/O		Januluale/Oil	icenoider name	11	Office sou	gnt		Office held	
								-		
	Date		Payee name							
ı	04/21/2021		Y Strategy							
Н	Amount (\$)	H	Payee addre	ess; City;	State	e; Zip Co	de			-
	\$25,000.00		3110 Mano		Out	, 2p 00	uc			70.0
ļ	Ψ23,000.00		SIIO Mailo	i Ru						4
		١								
ı		l	Austin, TX	78723						
Г	PURPOSE	7.	Catamani	ae Categories listed	at the top of this sc	hedule)	(b)	Description	W 2000	
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#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Advertising Expense Solicitation/Fundraising Expense **Event Expense** Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Travel Out of District **Legal Services** OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME 3 Filer ID Sch: 1/6 Rpt: 112/117 **Lubbock Coalition For Healthcare Access** \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 6 Payee name 5 Date 04/15/2021 Y Strategy Amount (\$) Pavee address: City; State; Zip Code \$14,520.00 3110 Manor Rd Austin, TX 78723 9 **TYPE OF** Non-Political X **Political EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Mail Production 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/15/2021 Y Strategy Amount (\$) Payee address; City; State; Zip Code \$5,364.53 3110 Manor Rd Austin, TX 78723 TYPE OF Non-Political X **Political EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) **PURPOSE** (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Phonebanking** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### **UNPAID INCURRED OBLIGATIONS** SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel in District Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME 3 Filer ID Sch: 2/6 Rpt: 113/117 **Lubbock Coalition For Healthcare Access** \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Date Payee name 04/15/2021 Y Strategy Amount (\$) Payee address; City; State; Zip Code \$10,550.00 3110 Manor Rd Austin, TX 78723 9 TYPE OF Political X Non-Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Canvassing 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/15/2021 Y Strategy Payee address; City; Amount (\$) State; Zip Code \$10,000.00 3110 Manor Rd Austin, TX 78723 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Advertising Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Video Production Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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Forms provided by Texas Ethics Commission

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Loan Repayment/Reimbursement Event Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Travel Out of District OTHER (enter a category not listed above) **Legal Services** The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID 3 Sch: 3/6 Rpt: 114/117 **Lubbock Coalition For Healthcare Access** \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 6 Payee name 5 Date 04/15/2021 Y Strategy Payee address; Amount (\$) State; Zip Code City; \$10,000.00 3110 Manor Rd Austin, TX 78723 9 TYPE OF Non-Political Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Advertising 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/15/2021 Y Strategy Payee address; Amount (\$) City; State: Zip Code \$3,197.07 3110 Manor Rd Austin, TX 78723 TYPE OF Non-Political X Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Printing Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Literature Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By -Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Committee **Legal Services** OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME 3 Filer ID **Lubbock Coalition For Healthcare Access** Sch: 4/6 Rpt: 115/117 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ Date 6 Payee name 04/19/2021 Y Strategy Amount (\$) Payee address; City; State; Zip Code \$29,040.00 3110 Manor Rd Austin, TX 78723 9 TYPE OF Political Х Non-Political **EXPENDITURE** PURPOSE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **OF** Check if travel outside of Texas. Complete Schedule T. **Advertising Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Mail Production Candidate/Officeholder name 11 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 04/19/2021 Y Strategy Amount (\$) Payee address; City; State; Zip Code \$4,316.77 3110 Manor Rd Austin, TX 78723 **TYPE OF** Non-Political x Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Phonebanking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME 3 Filer ID Sch: 5/6 Rpt: 116/117 **Lubbock Coalition For Healthcare Access** \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 6 Payee name 5 Date 04/19/2021 Y Strategy Amount (\$) Payee address; City; State; Zip Code \$2,250.00 3110 Manor Rd Austin, TX 78723 TYPE OF 9 Non-Political X Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Advertising Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Canvassing 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/19/2021 Y Strategy Payee address; City; State; Zip Code Amount (\$) \$30,555.00 3110 Manor Rd Austin, TX 78723 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID Sch: 6/6 Rpt: 117/117 Lubbock Coalition For Healthcare Access \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date 6 Payee name 04/19/2021 Y Strategy 7 Amount (\$) 8 Payee address; City; State; Zip Code \$8,715.00 3110 Manor Rd Austin, TX 78723 9 **TYPE OF** Non-Political Political $|\mathbf{x}|$ **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Polling Expense EXPENDITURE** Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH