

UNSWORN DECLARATION

FORM UD

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

OFFICE USE ONLY

Date Received

4:50 P.M.
CP

RECEIVED

APR 01 2021

OFFICE OF THE CLERK
LUBBOCK, TEXAS

Method of Delivery

Date Processed

1 FILER ID:
(Ethics Commission filers)

2 NAME OF FILER
(PLEASE TYPE OR PRINT)

Lubbock Coalition For Healthcare Access

3 TYPE OF FILER

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

4 TYPE OF REPORT

30th Day Before election

5 DUE DATE

April 1st 2021

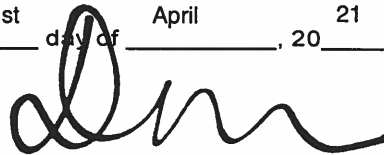
6 UNSWORN DECLARATION:

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

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

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

Executed in Lubbock County, State of Texas, on the 1st day of April, 2021.



Signature of Filer/ Committee Representative
(Declarant)

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME
Lubbock Coalition For Healthcare Access

13 Filer ID

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> Measure	BALLOT IDENTIFICATION / # Prop A	ELECTION DATE Month Day Year 05/01/2021
		DESCRIPTION City of Lubbock Proposition A	

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 121,047.63
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,440.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 18
3 COMMITTEE NAME Lubbock Coalition For Healthcare Access		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3716 22nd Pl Suite T Lubbock, TX 79410		Date Received
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Ms. Dyana		MI
		NICKNAME LAST SUFFIX	
		Limon-Mercado	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3716 22nd Pl Suite T Lubbock, TX 79410		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 512 - 351-4029		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03/12/2021 03/22/2021		
11 ELECTION	ELECTION DATE Month Day Year 05/01/2021	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

SUBTOTALS - SPAC

17 COMMITTEE NAME Lubbock Coalition For Healthcare Access		18 Filer ID
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 36,475.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 50,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 34,572.63
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,440.80
9.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
11.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/18
2 FILER NAME Lubbock Coalition For Healthcare Access		3 Filer ID
4 Date 03/21/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkison, James	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code [REDACTED] Lubbock, TX 79415		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ausley, Robbie	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78731		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Caroline	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code [REDACTED] SAINT LOUIS, MO 63116		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonato, Barbara	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code [REDACTED] Lubbock, TX 79416		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bontempo, Daniel	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code [REDACTED] Lubbock, TX 79416		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/18
2 FILER NAME Lubbock Coalition For Healthcare Access		3 Filer ID
4 Date 03/18/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boone, Alison 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78209	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boone, Cecilia Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75219	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannings, Shannon Contributor address; City; State; Zip Code [REDACTED] LUBBOCK, TX 79410	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Bergan Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78731	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conatser, Charles Contributor address; City; State; Zip Code [REDACTED] Lubbock, TX 79411	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/18
2 FILER NAME Lubbock Coalition For Healthcare Access		3 Filer ID
4 Date 03/18/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Aimee	7 Amount of Contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78733		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deurmyer, Laura	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code [REDACTED] Lubbock, TX 79413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglass, Julie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Earl, Patricia	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code [REDACTED] Lubbock, TX 79424		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Anne	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Lubbock, TX 79411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/18
2 FILER NAME Lubbock Coalition For Healthcare Access		3 Filer ID
4 Date 03/21/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcone, Beth	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code [REDACTED] Baltimore, MD 21210		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Bre	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code [REDACTED] Lubbock, TX 79416		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Laura	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78730		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hildreth, Madalyn	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code [REDACTED] Lubbock, TX 79423		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Karen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code [REDACTED] Lubbock, TX 79403		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/18
2 FILER NAME Lubbock Coalition For Healthcare Access		3 Filer ID
4 Date 03/19/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legacey, Erin	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [REDACTED] Lubbock, TX 79410		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madison, Gail	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code [REDACTED] Lubbock, TX 79423		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Judy	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code [REDACTED] Lubbock, TX 79410		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milosevich, Deborah	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Lubbock, TX 79410		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohsinger, Beth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code [REDACTED] Brooklyn, NY 11218		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)


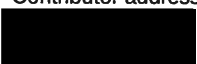

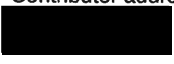

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/18
2 FILER NAME Lubbock Coalition For Healthcare Access		3 Filer ID
4 Date 03/16/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullin, Michele	7 Amount of Contribution (\$) \$100.00
6 Contributor address: City; State; Zip Code [REDACTED] Houston, TX 77054		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neitch, Kenna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code [REDACTED] Victoria, TX 77904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Sarah	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code [REDACTED] LUBBOCK, TX 79413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peaslee, Kathryn	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] LUBBOCK, TX 79413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Sarah	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code [REDACTED] Wolfforth, TX 79382		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/18
2 FILER NAME Lubbock Coalition For Healthcare Access		3 Filer ID
4 Date 03/17/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Kirk <hr/> 6 Contributor address; City; State; Zip Code  Austin, TX 78702	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricketts, Robert <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79403	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Jennifer <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, Cornelia <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79410	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sethi, Pooja <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/18
2 FILER NAME Lubbock Coalition For Healthcare Access		3 Filer ID
4 Date 03/21/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jessica	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Lubbock, TX 79410		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Dominique	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Lubbock, TX 79410		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tipton, Keith	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Lubbock, TX 79414		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tutino, Gail	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Lubbock, TX 79413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEISER, DANA	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Shallowater, TX 79363		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/18
2 FILER NAME Lubbock Coalition For Healthcare Access		3 Filer ID
4 Date 03/21/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods Duffy, Christina	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Lubbock, TX 79423		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Word, Nancy	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78738		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zellinger, Elissa	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Lubbock, TX 79413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ashby, sylvia	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Lubbock, TX 79410		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) bowron, ayn	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code lubbock, TX 79416		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/18
2 FILER NAME Lubbock Coalition For Healthcare Access		3 Filer ID
4 Date 03/16/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) gonzalez, kimberleigh 6 Contributor address; City; State; Zip Code [REDACTED] LUBBOCK, TX 79407	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rinaldo, jason Contributor address; City; State; Zip Code [REDACTED] Lubbock, TX 79424	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) thompson, jack Contributor address; City; State; Zip Code [REDACTED] lubbock, TX 79401	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 14/18

2 FILER NAME

Lubbock Coalition For Healthcare Access

3 Filer ID

leavelubbockalone@gmail.com

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

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

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

**MONETARY CONTRIBUTIONS FROM
CORPORATION OR LABOR ORGANIZATION**

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/1 Rpt: 15/18
2 FILER NAME Lubbock Coalition For Healthcare Access		3 Filer ID
4 Date 03/12/2021	5 Corporation / Labor Organization name Planned Parenthood Federation of America <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code 123 William Street 9th Floor New York, NY 10038	7 Amount of contribution (\$) \$50,000.00

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

SCHEDULE C2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule C2: Sch: 1/1 Rpt: 16/18</p>	
<p>2 FILER NAME Lubbock Coalition For Healthcare Access</p>		<p>3 Filer ID</p>	
<p>4 Date 03/22/2021</p>	<p>5 Corporation / Labor Organization name American Civil Liberties Union of Texas</p> <hr/> <p>6 Corporation / Labor Organization address; City; State; Zip Code P.O. Box 8306 Houston, TX 77288-8306</p>	<p>7 Amount of contribution(\$) \$980.29</p>	<p>8 In-kind contribution description Staff Time</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Date 03/12/2021</p>	<p>Corporation / Labor Organization name Planned Parenthood Federation of America</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code 123 William Street 9th Floor New York, NY 10038</p>	<p>Amount of contribution(\$) \$7,435.65</p>	<p>In-kind contribution description Legal Support</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Date 03/12/2021</p>	<p>Corporation / Labor Organization name Planned Parenthood Federation of America</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code 123 William Street 9th Floor New York, NY 10038</p>	<p>Amount of contribution(\$) \$12,950.00</p>	<p>In-kind contribution description Polling Data</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Date 03/21/2021</p>	<p>Corporation / Labor Organization name Planned Parenthood Federation of America</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code 123 William Street 9th Floor New York, NY 10038</p>	<p>Amount of contribution(\$) \$1,053.16</p>	<p>In-kind contribution description Staff Time</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Date 03/22/2021</p>	<p>Corporation / Labor Organization name Planned Parenthood Texas Votes</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code P.O. Box 41646 Austin, TX 78704</p>	<p>Amount of contribution(\$) \$6,145.53</p>	<p>In-kind contribution description Staff Time</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Date 03/22/2021</p>	<p>Corporation / Labor Organization name Planned Parenthood of Greater Texas</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code 7424 Greenville Ave Dallas, TX 75231</p>	<p>Amount of contribution(\$) \$6,008.00</p>	<p>In-kind contribution description Staff Time</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 17/18
2 FILER NAME Lubbock Coalition For Healthcare Access		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 18/18	2 FILER NAME Lubbock Coalition For Healthcare Access	3 Filer ID
4 Date 03/22/2021	5 Payee name Act Blue	
6 Amount (\$) \$1,440.80	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held