

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00090501	2 Total pages filed: 69				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Jennifer M	MI	OFFICE USE ONLY			
	NICKNAME	LAST Virden	SUFFIX				
Date Received ELECTRONICALLY FILED 10/26/2020							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 8307 High Oak DR Austin, TX 78759			Date Hand-delivered or Date Postmarked			
				Receipt # Amount			
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Robin	MI				
	NICKNAME	LAST Coopwood	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4408 Spicewood Springs RD Austin, TX 78759						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
(512) 415-6772							
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
09/25/2020 10/24/2020							
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
11/03/2020			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME	Viriden, Jennifer M	14 Filer ID	(Ethics Commission Filers) 00090501
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input checked="" type="checkbox"/> GENERAL	Fight for Austin	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		807 Brazos ST Suite 408 Austin, TX 78701	
	COMMITTEE CAMPAIGN TREASURER NAME Cheney, Logan		
	COMMITTEE CAMPAIGN TREASURER ADDRESS 807 Brazos ST Suite 408 Austin, TX 78701		

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	10.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	37,777.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	54,480.64
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	64,587.84
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	50,000.00

17 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.

Jennifer M Viriden

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Viriden, Jennifer M		19 Filer ID (Ethics Commission Filers) 00090501
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 37,377.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 400.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 54,289.41
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 191.23
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 320.65

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/47 Rpt: 4/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/16/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Kebra <hr/> 6 Contributor address; City; State; Zip Code 5900 Tom Wooten DR Austin, TX 78731	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 10/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ambs, Dana <hr/> Contributor address; City; State; Zip Code 3907 Grayson LN Austin, TX 78722	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Making Modern Home
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Angellini <hr/> Contributor address; City; State; Zip Code 1730 Canonero DR Austin, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Requested		Employer (See Instructions) Requested
Date 10/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Richard <hr/> Contributor address; City; State; Zip Code 3700 Capital of TX Hwy Suite 420 Austin, TX 78746	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) HPI
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Thomas <hr/> Contributor address; City; State; Zip Code 5418 Tortuga TRL Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) K-12 Public Education		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/47 Rpt: 5/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 09/29/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apple, Jim <hr/> 6 Contributor address; City; State; Zip Code 1109 Enclave Way Columbia, SC 29223	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagus, Paul <hr/> Contributor address; City; State; Zip Code 6008 Maurys TRL Austin, TX 78730	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagus, Paul <hr/> Contributor address; City; State; Zip Code 6008 Maury's TRL Austin, TX 78730	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banu, Cristian <hr/> Contributor address; City; State; Zip Code 127 Shadow Wood TRL Cedar Creek, TX 78612	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Ramp Agent		Employer (See Instructions) FedEx Express
Date 10/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banu, Cristian <hr/> Contributor address; City; State; Zip Code 127 Shadow Wood TRL Cedar Creek, TX 78612	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Ramp Agent		Employer (See Instructions) FedEx Express

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/47 Rpt: 6/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/01/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Wayne Naylor	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 10402 Misty Hollow CV Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 10/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnett, Jeffrey	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 5604 Spurflower DR Austin, TX 78759	
Principal occupation / Job title (See Instructions) Real Estate Investment		Employer (See Instructions) Barnett Properties
Date 10/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartholomew, Michelle	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code 2801 Northwood RD Austin, TX 78703	
Principal occupation / Job title (See Instructions) Real Estate & Design		Employer (See Instructions) Self-Employed
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becker, John Ellen	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 1000 North Weston LN Austin, TX 78733	
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belden, Christopher	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 4610 High Gate DR Austin, TX 78730	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/47 Rpt: 7/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavi, Hillel <hr/> 6 Contributor address; City; State; Zip Code 4501 Spanish Oak TRL Austin, TX 78731	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Austin Radiological Association
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavi, Irit <hr/> Contributor address; City; State; Zip Code 4501 Spanish Oak TRL Austin, TX 78731	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavi, Irit <hr/> Contributor address; City; State; Zip Code 4501 Spanish Oak TRL Austin, TX 78731	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self-Employed
Date 10/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Joann S. <hr/> Contributor address; City; State; Zip Code 3306 Rivercrest DR Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Karen <hr/> Contributor address; City; State; Zip Code 12031 Trotwood DR Austin, TX 78753	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/47 Rpt: 8/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biggerstaff, Ted <hr/> 6 Contributor address; City; State; Zip Code 3801 Far View DR Austin, TX 78730	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birk, Carla <hr/> Contributor address; City; State; Zip Code 1701 Jackpot Run Leander, TX 78641	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Michael <hr/> Contributor address; City; State; Zip Code 3807 Woodbrook CIR Austin, TX 78759	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Broadcasting		Employer (See Instructions) Retired
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolke, Melanie <hr/> Contributor address; City; State; Zip Code 4213 Prickly Pear DR Austin, TX 78731	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Speaker		Employer (See Instructions) Self-Employed
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boudreau, Edward <hr/> Contributor address; City; State; Zip Code 5711 Rain Creek PKWY Austin, TX 78759	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/47 Rpt: 9/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/12/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowen, Charles	7 Amount of Contribution (\$) \$400.00
6 Contributor address; City; State; Zip Code 6605 West Courtyard DR Austin, TX 78746		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Mary J.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 78 Ray AVE Brownsville, TX 78521		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buccigross, Richard	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 12104 Pleasant Panorama View Austin, TX 78738		
Principal occupation / Job title (See Instructions) Medical Doctor		Employer (See Instructions) Self-Employed
Date 10/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckner, Margo	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6209 Ledge Mountain DR Austin, TX 78731		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buerger, Andrew	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code 2408 W. 8th ST Austin, TX 78703		
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/47 Rpt: 10/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/19/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkett, Donna <hr/> 6 Contributor address; City; State; Zip Code 8173 Ceberry DR Austin, TX 78759	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Clinical Assoc. Professor, UT Austin		9 Employer (See Instructions) Retired
Date 10/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Busch, John <hr/> Contributor address; City; State; Zip Code 3800 Far View DR Austin, TX 78730	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caffrey, James P. <hr/> Contributor address; City; State; Zip Code 6417 Wallace CV Austin, TX 78750	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 10/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Guillermo <hr/> Contributor address; City; State; Zip Code 11309 Pradera DR Austin, TX 78759	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) General Contractor		Employer (See Instructions) Self-Employed
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Thomas <hr/> Contributor address; City; State; Zip Code 3803 Cima Serena Austin, TX 78759	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/47 Rpt: 11/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/20/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Thomas	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code 3803 Cima Serena Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Shelley	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 3103 Harris BLVD Austin, TX 78703	
Principal occupation / Job title (See Instructions) Homeschool Mom		Employer (See Instructions) Self
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chastain, Stephen	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3501 Peregrine Falcon DR Austin, TX 78746	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chastain, Stephen	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3501 Peregrine Falcon DR Austin, TX 78746	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, George L.	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code P. O. Box 204145 Austin, TX 78720	
Principal occupation / Job title (See Instructions) Requested		Employer (See Instructions) Requested

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/47 Rpt: 12/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 09/30/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michelle <hr/> 6 Contributor address; City; State; Zip Code 6709 Colina LN Austin, TX 78759	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson, Michael <hr/> Contributor address; City; State; Zip Code 3308 Glenview AVE 0 Austin, TX 78703	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Real Estate Investor, Atty, COO Title business		Employer (See Instructions) Self
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockburn, Jeff <hr/> Contributor address; City; State; Zip Code 351 County Road 4017 Lampasas, TX 76550	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Remodeling		Employer (See Instructions) J-CO
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Ardis <hr/> Contributor address; City; State; Zip Code 4910 Westview DR Austin, TX 78731	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cragin, Ann <hr/> Contributor address; City; State; Zip Code 2002 Kenwood AVE Austin, TX 78704	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/47 Rpt: 13/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craite, John <hr/> 6 Contributor address; City; State; Zip Code 4411 Spicewood Springs RD #1716 Austin, TX 78759	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions) Self/John S. Craite
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuevas, Frances Quinta Roberts <hr/> Contributor address; City; State; Zip Code 3605 Steck AVE Apt. 1047 Austin, TX 78759	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullington, Gayle <hr/> Contributor address; City; State; Zip Code 901 Baylor ST 0 Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Retired
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dahl-Burg, Tracy <hr/> Contributor address; City; State; Zip Code 9705 Eagle Rising CV 0 Austin, TX 78730	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Advantage Austin Properties, LLC
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Brad <hr/> Contributor address; City; State; Zip Code 3109 Lating Stream LN Austin, TX 78746	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) DCR

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/47 Rpt: 14/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/06/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Donovan	7 Amount of Contribution (\$) \$400.00
6 Contributor address; City; State; Zip Code 10609 D K Ranch RD Austin, TX 78759		
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Danze & Davis Architects
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLauro, William	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 6803 Bayridge Terrace Austin, TX 78759		
Principal occupation / Job title (See Instructions) Software Executive		Employer (See Instructions) Oracle
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWitt, Brenda J.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code P. O. Box 151030 Austin, TX 78715		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorsey, Mickey	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 4105 Shoal Creek BLVD Austin, TX 78756		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Downey, Patty	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3801 Far View DR Austin, TX 78730		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/47 Rpt: 15/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 09/30/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duda, Robert <hr/> 6 Contributor address; City; State; Zip Code 12500 Camino Real Kyle, TX 78640	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Estimator		9 Employer (See Instructions) Construction Metal Products, Inc.
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Don <hr/> Contributor address; City; State; Zip Code 3301 Big Bend DR Austin, TX 78731	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Owner/CEO		Employer (See Instructions) Self/PJS of Texas
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Margaret <hr/> Contributor address; City; State; Zip Code 3301 Big Bend DR Austin, TX 78731	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Helen <hr/> Contributor address; City; State; Zip Code 5719 Misty Hill CV Austin, TX 78759	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, John David <hr/> Contributor address; City; State; Zip Code 1536 Shady Glen Ranch Burnet, TX 78611	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Requested		Employer (See Instructions) Requested

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/47 Rpt: 16/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/12/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Embrey, Ty <hr/> 6 Contributor address; City; State; Zip Code 2210 Newfield LN Austin, TX 78703	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 10/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eppright, Russ <hr/> Contributor address; City; State; Zip Code 4704 Cat Mountain DR Austin, TX 78731	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairbrother, Paul <hr/> Contributor address; City; State; Zip Code 1010 MoPac CIR Suite 200 Austin, TX 78746	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) State Partners
Date 10/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Cora Jane <hr/> Contributor address; City; State; Zip Code 3220 Clearview DR Austin, TX 78703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer Jr., Norman K. <hr/> Contributor address; City; State; Zip Code 3220 Clearview DR Austin, TX 78703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/47 Rpt: 17/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 09/25/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faulkner, Harry <hr/> 6 Contributor address; City; State; Zip Code 1502 Westover RD Austin, TX 78703	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Retired
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fly, Mary <hr/> Contributor address; City; State; Zip Code 6701 West Courtyard DR Austin, TX 78730	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fly, Mary <hr/> Contributor address; City; State; Zip Code 6701 West Courtyard DR Austin, TX 78730	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, William <hr/> Contributor address; City; State; Zip Code 3216 Bonnie RD Austin, TX 78703	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Retired
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerhardt, Brett D. <hr/> Contributor address; City; State; Zip Code 10804 Redmond RD Austin, TX 78739	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/47 Rpt: 18/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gieffers, Amy <hr/> 6 Contributor address; City; State; Zip Code 4400 Bunny Run Austin, TX 78746	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Chief Operations Officer		9 Employer (See Instructions) Self
Date 10/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, James <hr/> Contributor address; City; State; Zip Code 5706 Scout Island CV Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) USAP
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gore, Rex <hr/> Contributor address; City; State; Zip Code 1304 West Oltorf ST Austin, TX 78704	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Self/PJS of Texas
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goyanes, Elena <hr/> Contributor address; City; State; Zip Code 3939 Bee Cave RD Bldg. C-100 Austin, TX 78746	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Retired
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Emelie <hr/> Contributor address; City; State; Zip Code 2801 Robbs Run Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Requested		Employer (See Instructions) Requested

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/47 Rpt: 19/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 09/25/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, William Beriah <hr/> 6 Contributor address; City; State; Zip Code 2801 Robbs Run Austin, TX 78703	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Requested		9 Employer (See Instructions) Requested
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gras, Troy <hr/> Contributor address; City; State; Zip Code 11300 Taylor Draper LN Austin, TX 78759	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) NAPA
Date 10/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Horace <hr/> Contributor address; City; State; Zip Code 1914 W. 40th ST Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Owner/Operator		Employer (See Instructions) Self
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gula, John W. <hr/> Contributor address; City; State; Zip Code 300 Smokey Rock LN Buda, TX 78610	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanna, Mark J. <hr/> Contributor address; City; State; Zip Code 2414 Exposition BLVD Suite A-1 Austin, TX 78703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/47 Rpt: 20/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heckmann, Kris <hr/> 6 Contributor address; City; State; Zip Code 4305 Endcliffe DR 0 Austin, TX 78731	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Attorney/Partner		9 Employer (See Instructions) Granite Public Affairs
Date 10/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hesprich, Mark <hr/> Contributor address; City; State; Zip Code 1409 Lance Way Austin, TX 78758	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self
Date 10/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyer, Connie N. <hr/> Contributor address; City; State; Zip Code 3205 Greenlee DR Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Josh <hr/> Contributor address; City; State; Zip Code 8801 Honeysuckle TRL Austin, TX 78759	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) J P Hobbs, Inc.
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hock, Stacy <hr/> Contributor address; City; State; Zip Code 3331 Westlake DR Austin, TX 78746	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/47 Rpt: 21/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/12/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, Sandra H.	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 5000 Mission Oaks BLVD Unit 17 Austin, TX 78735	
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 10/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, W. Thad	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 5000 Mission Oaks BLVD Unit 17 Austin, TX 78735	
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 10/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Jamie	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 8845 Mountain Ridge CIR Austin, TX 78759	
Principal occupation / Job title (See Instructions) Marriage Family Therapist		Employer (See Instructions) Self-Employed
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Jay	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 823 Congress AVE Suite 900 Austin, TX 78701	
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudgins, Jay	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 7600 Valburn DR Austin, TX 78731	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self-Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/47 Rpt: 22/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/09/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janosky, Brian	7 Amount of Contribution (\$) \$400.00
6 Contributor address; City; State; Zip Code 11757 DK Ranch RD Austin, TX 78759		
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Experian
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Marshall Heath	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 7107 Red Maple CV Austin, TX 78759		
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) Dell
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, DH	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 116 Birnam Wood CT Austin, TX 78746		
Principal occupation / Job title (See Instructions) Requested		Employer (See Instructions) Requested
Date 10/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 7301 Moon Rock RD Austin, TX 78739		
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions) South Austin Development Group
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaiwi, Susan W.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4103 Circletree Loop Austin, TX 78731		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/47 Rpt: 23/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/02/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kearns, Dennis	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 3502 Misty Creek DR Austin, TX 78735	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Dennis A. Kearns, LLC
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tim	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 7408 Turnbouy DR Austin, TX 78730	
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) AFG
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelm, Bill	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 6205 Spicebrush CV Austin, TX 78759	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Pickett, Kelm & Assoc., Inc.
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Laura	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 6701 Manzanita ST Austin, TX 78759	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiger, Philip	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 3911 Balcones DR Austin, TX 78731	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Sweep Across Texas

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/47 Rpt: 24/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/15/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knouse, Lee <hr/> 6 Contributor address; City; State; Zip Code 2800 Angelina DR Round Rock, TX 78665	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Detective		9 Employer (See Instructions) Austin Police Department
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kocurek, Nancy <hr/> Contributor address; City; State; Zip Code 4010 Lewis LN Austin, TX 78756	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kozak, Jeanna <hr/> Contributor address; City; State; Zip Code 4251 FM 2181 Suite 230, Box 136 Corinth, TX 76210	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Principal/Strategy		Employer (See Instructions) Humana
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kozuh, Joseph <hr/> Contributor address; City; State; Zip Code 3839 Dry Creek DR #136 Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lang, Eric <hr/> Contributor address; City; State; Zip Code 7809 West Rim DR Austin, TX 78731	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SMD		Employer (See Instructions) Teacher Retirement System

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/47 Rpt: 25/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/04/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leach, Cynthia <hr/> 6 Contributor address; City; State; Zip Code 4200 Jackson AVE #4009 Austin, TX 78731	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefner, Martha <hr/> Contributor address; City; State; Zip Code 2579 Western Trails BLVD Suite 150 Austin, TX 78745	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard, Mary <hr/> Contributor address; City; State; Zip Code 8407 Ardash LN Austin, TX 78759	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, William R. <hr/> Contributor address; City; State; Zip Code 106 E. 11th ST Elgin, TX 78621	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP of Marketing		Employer (See Instructions) Senox Corporation
Date 10/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lubin, Susan <hr/> Contributor address; City; State; Zip Code 2701 West 35th ST Unit B Austin, TX 78703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/47 Rpt: 26/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/16/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynd, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code P. O. Box 162034 Austin, TX 78716	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madrigal, JC <hr/> Contributor address; City; State; Zip Code 8105 Asherton CV Austin, TX 78750	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sales Leadership		Employer (See Instructions) Dell Technologies
Date 10/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Sidney <hr/> Contributor address; City; State; Zip Code 6009 Tributary Ridge DR Austin, TX 78759	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Qualcomm
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markland, Scott <hr/> Contributor address; City; State; Zip Code 8031 Bottlebrush DR Austin, TX 78750	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP Marketing		Employer (See Instructions) RGLS, Inc.
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markland, Scott <hr/> Contributor address; City; State; Zip Code 8031 Bottlebrush DR Austin, TX 78750	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP Marketing		Employer (See Instructions) RateGenius

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/47 Rpt: 27/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/17/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Paul <hr/> 6 Contributor address; City; State; Zip Code 4301 City Park RD Austin, TX 78730	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) State Relations		9 Employer (See Instructions) Reinsurance Assn. of America
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Mel <hr/> Contributor address; City; State; Zip Code 4526 Highland Terrace Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Robert <hr/> Contributor address; City; State; Zip Code 11309 Pickfair DR Austin, TX 78750	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner/Dairy Queen		Employer (See Instructions) Self-Employed
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAdams, Joel <hr/> Contributor address; City; State; Zip Code 9512 Bully Hill CV Austin, TX 78759	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Texas Alternator
Date 10/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCaig, Melody <hr/> Contributor address; City; State; Zip Code 201 West 5th ST #1350 Austin, TX 78701	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/47 Rpt: 28/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, John <hr/> 6 Contributor address; City; State; Zip Code 1510 Rainbow Bend Austin, TX 78703	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) Self
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Ashby <hr/> Contributor address; City; State; Zip Code 7303 Anaqua DR Austin, TX 78750	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Loan Officer		Employer (See Instructions) AHM Enterprises, Inc.
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKay, Kathleen <hr/> Contributor address; City; State; Zip Code 11339 Taylor Draper LN Austin, TX 78759	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Full-Time Mom		Employer (See Instructions) Retired
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Arthur <hr/> Contributor address; City; State; Zip Code 9605 Glenlake DR Austin, TX 78730	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeroy, Jamie <hr/> Contributor address; City; State; Zip Code 3911 Edgerock DR Austin, TX 78731	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Retired

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/47 Rpt: 29/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mealey, Bruce	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 3914 Amy Circle Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meissner, Charles	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 5806 Painted Valley DR Austin, TX 78759	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) IBM
Date 10/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meissner, Wayne	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 8200 N. MoPac Expressway Suite 160 Austin, TX 78759	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Fitzgerald & Meissner
Date 10/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Micho, Robert	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 6005 Colina LN Austin, TX 78759	
Principal occupation / Job title (See Instructions) Commercial Sales		Employer (See Instructions) ADT
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, James W.	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 2004 Griswold LN Austin, TX 78703	
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/47 Rpt: 30/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Stephanie	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 4723 Cat Mountain DR Austin, TX 78731		
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirra, Stephen	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code 8408 Glen Canyon DR Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mobley, Steve	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code 2205 Westover RD Austin, TX 78703		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, James	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 3302 Riva Ridge RD Austin, TX 78746		
Principal occupation / Job title (See Instructions) Attorney - Retired		Employer (See Instructions) DLA Piper
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moody, Denise	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 8618 Alverstone Way 0 Austin, TX 78759		
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) Texas National Title

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/47 Rpt: 31/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morea, Lois <hr/> 6 Contributor address; City; State; Zip Code 6112 Anemone CV Austin, TX 78759	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions) None
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moross, Dominic <hr/> Contributor address; City; State; Zip Code 680 Fifth AVE New York, NY 10019	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Cotton Hall Asset Management
Date 10/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moross, Jennifer <hr/> Contributor address; City; State; Zip Code 194 Otter Rock DR Greenwich, CT 06830	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Howard <hr/> Contributor address; City; State; Zip Code 4300 Edgemont DR Austin, TX 78731	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Master Planner		Employer (See Instructions) Self
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Jana <hr/> Contributor address; City; State; Zip Code 4300 Edgemont DR Austin, TX 78731	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/47 Rpt: 32/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 09/25/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, John <hr/> 6 Contributor address; City; State; Zip Code 8607 Alverstone Way Austin, TX 78759	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions) Self-Employed
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munhofen, Brent <hr/> Contributor address; City; State; Zip Code 5719 Taylor Draper CV Austin, TX 78759	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nalle, William <hr/> Contributor address; City; State; Zip Code 4615 Bunny Run Austin, TX 78746	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self
Date 10/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, JP <hr/> Contributor address; City; State; Zip Code 809 N. Cuernavaca DR Austin, TX 78733	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Thrive FP
Date 10/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, JP <hr/> Contributor address; City; State; Zip Code 809 N. Cuernavaca DR Austin, TX 78733	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Thrive FP

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/47 Rpt: 33/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/12/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicklos, John <hr/> 6 Contributor address; City; State; Zip Code 1000 Redbud TRL West Lake, TX 78746	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Investment Management		9 Employer (See Instructions) Railhead Capital Group
Date 10/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nieman, Mia <hr/> Contributor address; City; State; Zip Code 4513 Small DR Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) State of TX Employee		Employer (See Instructions) Retired
Date 10/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nieman, Paul <hr/> Contributor address; City; State; Zip Code 4513 Small DR Austin, TX 78731	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Commercial Real Estate		Employer (See Instructions) Retired
Date 10/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemann, Larry <hr/> Contributor address; City; State; Zip Code 3301 Greenlee DR Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niendorff, Frank <hr/> Contributor address; City; State; Zip Code 2900 Pecos ST Austin, TX 78746	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/47 Rpt: 34/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/21/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Sean <hr/> 6 Contributor address; City; State; Zip Code 3916 Sierra DR Austin, TX 78731	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Real Estate & Construction		9 Employer (See Instructions) Colina West
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oswald, John W. <hr/> Contributor address; City; State; Zip Code 8201 Scenic Ridge CV Austin, TX 78735	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Regional Manager		Employer (See Instructions) Koch
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overesch, William <hr/> Contributor address; City; State; Zip Code 1800 Bremen ST 0 Austin, TX 78703	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Environmental Consultant		Employer (See Instructions) Tetra Tech
Date 10/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Patricia C. <hr/> Contributor address; City; State; Zip Code 1508 Emperor CT Round Rock, TX 78664	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Thomas <hr/> Contributor address; City; State; Zip Code 6712B Valburn DR Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/47 Rpt: 35/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 09/28/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsons, Donald <hr/> 6 Contributor address; City; State; Zip Code 3706 Greystone DR Austin, TX 78731	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollard, Mark <hr/> Contributor address; City; State; Zip Code 8136 Forest Mesa DR Austin, TX 78759	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Financial		Employer (See Instructions) TXDoT
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Becky <hr/> Contributor address; City; State; Zip Code 2710 Hillview Green LN Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Watkins Insurance Group
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quaid, Buddy <hr/> Contributor address; City; State; Zip Code 2317 Bowman AVE Austin, TX 78703	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self-Employed
Date 10/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quigley, Michael E. <hr/> Contributor address; City; State; Zip Code P. O. Box 50022 Austin, TX 78763	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/47 Rpt: 36/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramstad, Diane Lynn	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 3111 Pepper Grass TRL Cedar Park, TX 78613	
8 Principal occupation / Job title (See Instructions) VP of Finance		9 Employer (See Instructions) Senox Corporation
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeder, Alan	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 5903 Woodview AVE Austin, TX 78757	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Lamar Adv.
Date 10/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhames, Adriana	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 11026 Galleria CV Austin, TX 78759	
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 10/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Sonny	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 6506 Mesa DR Austin, TX 78731	
Principal occupation / Job title (See Instructions) Real Estate Management		Employer (See Instructions) Self
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Carolyn	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code 4104 Narrow Ridge DR Austin, TX 78730	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/47 Rpt: 37/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/08/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Charles <hr/> 6 Contributor address; City; State; Zip Code 4104 Narrow Ridge DR Austin, TX 78730	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Douglas M. <hr/> Contributor address; City; State; Zip Code 7701 Rustling RD Austin, TX 78731	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 10/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Douglas M. <hr/> Contributor address; City; State; Zip Code 7701 Rustling RD Austin, TX 78731	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 10/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, John Oscar <hr/> Contributor address; City; State; Zip Code P. O. Box 9556 Austin, TX 78766	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 10/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Nancy <hr/> Contributor address; City; State; Zip Code P. O. Box 9556 Austin, TX 78766	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/47 Rpt: 38/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/20/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenberg, Joshua	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code 7303 Chimney Corners Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) Chief Revenue Officer		9 Employer (See Instructions) Infinnium
Date 10/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenberg, Joshua	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code 7303 Chimney Corners Austin, TX 78731	
Principal occupation / Job title (See Instructions) Chief Revenue Officer		Employer (See Instructions) Infinnium
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushing, Veronica	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 1119 Redbud TRL West Lake, TX 78746	
Principal occupation / Job title (See Instructions) Art Director		Employer (See Instructions) Self
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Susan Combs	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code 10601 Floral Park DR Austin, TX 78759	
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saitas, Alejandra	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 6100 Carry Back LN Austin, TX 78746	
Principal occupation / Job title (See Instructions) Speech Therapist		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/47 Rpt: 39/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/19/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sajovich, David A.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code 2805 E. 4th ST Austin, TX 78702	
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 09/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanderson, Graham	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 3704 Weatherhill CV 0 Austin, TX 78730	
Principal occupation / Job title (See Instructions) Software		Employer (See Instructions) Datablocks
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sayers, Clint	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 3305 Stratford Hills LN Austin, TX 78746	
Principal occupation / Job title (See Instructions) Commercial Real Estate		Employer (See Instructions) Sayers Real Estate Advisors, Inc.
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaffner, Timothy	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 2602 Top CV Austin, TX 78704	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) None
Date 09/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, William E.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 8417 Adirondack TRL Austin, TX 78759	
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/47 Rpt: 40/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/15/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwant, Neil	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 5308 Dry Wells Austin, TX 78749		
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellars, Susan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6906 Priscilla DR Austin, TX 78752		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellars, Araminta	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code 3307 Perry LN Austin, TX 78731		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellars, Tom	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code 3307 Perry LN Austin, TX 78731		
Principal occupation / Job title (See Instructions) Regional Mgr./State Govt. Affairs		Employer (See Instructions) ConocoPhillips Company
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepard Jr., E. Robert	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code 4501 Balcones DR 0 Austin, TX 78731		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) HSMinerals

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/47 Rpt: 41/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/05/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Eugene <hr/> 6 Contributor address; City; State; Zip Code 1101 Belmont PKWY Austin, TX 78703	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Partner		9 Employer (See Instructions) ATX Energy Partners
Date 09/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shook, Steve <hr/> Contributor address; City; State; Zip Code 4204 Tallowood DR Austin, TX 78731	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self-Employed
Date 10/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charles <hr/> Contributor address; City; State; Zip Code 4913 Westview DR Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Real Estate Finance		Employer (See Instructions) Self-Employed
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singletary, Charles <hr/> Contributor address; City; State; Zip Code 4913 Westview DR Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Real Estate Finance		Employer (See Instructions) Self-Employed
Date 09/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slivka, Tina <hr/> Contributor address; City; State; Zip Code 8509 Honeysuckle TRL Austin, TX 78759	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Technology Strategies		Employer (See Instructions) Dell Technologies

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/47 Rpt: 42/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/15/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Alden B. (Mrs.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code P. O. Box 5981 Austin, TX 78763	
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Haley Lisabeth Berry	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 2612 1/2 Jefferson ST Unit A Austin, TX 78731	
Principal occupation / Job title (See Instructions) Requested		Employer (See Instructions) Requested
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Marvin	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code 5503 Caprice DR Austin, TX 78731	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Patricia	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code 5503 Caprice DR Austin, TX 78731	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 4010 Austin Woods Austin, TX 78759	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/47 Rpt: 43/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/23/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Winston <hr/> 6 Contributor address; City; State; Zip Code 2612 1/2 Jefferson ST Unit A Austin, TX 78703	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Requested		9 Employer (See Instructions) Requested
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Andy <hr/> Contributor address; City; State; Zip Code 6011 Sierra Arbor CT Austin, TX 78759	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 09/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepherson-Waters, Ruth <hr/> Contributor address; City; State; Zip Code 1303 Westover RD Austin, TX 78703	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Offices of Ruth Stepherson
Date 10/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sterzing, Philip <hr/> Contributor address; City; State; Zip Code 1407 West 51st ST Austin, TX 78756	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, William <hr/> Contributor address; City; State; Zip Code P. O. Box 5588 Austin, TX 78763	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Clinic Director		Employer (See Instructions) Airport Chiropractic & Rehabilitation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/47 Rpt: 44/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 09/25/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, Robert <hr/> 6 Contributor address; City; State; Zip Code 11900 Buckner RD Austin, TX 78726	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sureck, Cory <hr/> Contributor address; City; State; Zip Code 6721 Valburn DR Austin, TX 78731	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Szalay, Barbara <hr/> Contributor address; City; State; Zip Code 1322 Thaddeus CV Austin, TX 78746	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Szalay, Barbara <hr/> Contributor address; City; State; Zip Code 1322 Thaddeus CV Austin, TX 78746	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Retired
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talley, Brian <hr/> Contributor address; City; State; Zip Code 3805 Meandering Creek CV Austin, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/47 Rpt: 45/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Templeton, Jim <hr/> 6 Contributor address; City; State; Zip Code 7202 Spurlock DR 0 Austin, TX 78731	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Senior Advisor		9 Employer (See Instructions) Technosoft, Inc.
Date 10/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jan <hr/> Contributor address; City; State; Zip Code 6204 Mountain Villa DR Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Brian <hr/> Contributor address; City; State; Zip Code 3713 Fossilwood Way Round Rock, TX 78728	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP of HR		Employer (See Instructions) Senox Corporation
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trull, Robert <hr/> Contributor address; City; State; Zip Code 3704 Eastledge DR 0 Austin, TX 78731	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Self
Date 10/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker II, Paul <hr/> Contributor address; City; State; Zip Code 4508 Peralta LN 0 Austin, TX 78735	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) MD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/47 Rpt: 46/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Margaret <hr/> 6 Contributor address; City; State; Zip Code 4408 Long Champ DR Apt. 26 Austin, TX 78746	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Retired
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Regan <hr/> Contributor address; City; State; Zip Code 5625 Spurflower DR Austin, TX 78759	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters, Arnold B. <hr/> Contributor address; City; State; Zip Code P. O. Box 1669 Burnet, TX 78611	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) President & Owner		Employer (See Instructions) Senox Corporation
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters, Elizabeth <hr/> Contributor address; City; State; Zip Code 4511 Balcones DR Austin, TX 78731	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Wife		Employer (See Instructions) Husband
Date 10/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Valerie <hr/> Contributor address; City; State; Zip Code 6027 Mount Bonnell CV Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Silicon Labs

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/47 Rpt: 47/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 09/25/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weathers, Jerrod <hr/> 6 Contributor address; City; State; Zip Code 4213 Woodway DR Austin, TX 78731	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions) Self-Employed
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wehmeyer, Steve <hr/> Contributor address; City; State; Zip Code 4400 Deepwoods DR Austin, TX 78731	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Utility Contractor		Employer (See Instructions) Haegelin Construction
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wehmeyer, Tracy <hr/> Contributor address; City; State; Zip Code 4400 Deepwoods DR Austin, TX 78731	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weikert, Carrie <hr/> Contributor address; City; State; Zip Code 11003 Grapevine LN Austin, TX 78759	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self-Employed
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welleck, Christine <hr/> Contributor address; City; State; Zip Code 5605 Standing Rock DR Austin, TX 78730	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/47 Rpt: 48/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/08/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welleck, George <hr/> 6 Contributor address; City; State; Zip Code 5605 Standing Rock Austin, TX 78730	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Self
Date 10/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheelock, Ashley <hr/> Contributor address; City; State; Zip Code 6730 Cuesta TRL Austin, TX 78730	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Locke Lord
Date 10/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Emily E. <hr/> Contributor address; City; State; Zip Code 11406 Charred Oak DR Austin, TX 78759	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 10/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, John <hr/> Contributor address; City; State; Zip Code 11615 Angus RD 104N Austin, TX 78759	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self-Employed
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, James W. <hr/> Contributor address; City; State; Zip Code 2900 Windhill CIR Austin, TX 78703	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/47 Rpt: 49/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Jim <hr/> 6 Contributor address; City; State; Zip Code 11408 Ohmfield CT Austin, TX 78739	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Self
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Meg <hr/> Contributor address; City; State; Zip Code 2005 Arthur LN Austin, TX 78704	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Real Estate Finance		Employer (See Instructions) Retired
Date 10/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Michael <hr/> Contributor address; City; State; Zip Code 2705 Cherry LN Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Perkins Law Group
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Sally <hr/> Contributor address; City; State; Zip Code 1617 Watchhill RD Austin, TX 78703	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Sharon <hr/> Contributor address; City; State; Zip Code 4007 Far West BLVD Austin, TX 78731	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/47 Rpt: 50/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolk, Robert	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 4904 Backtrail DR Austin, TX 78731		
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Self
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolk, Robert	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4904 Backtrail DR Austin, TX 78731		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self-Employed
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoraster, Steven	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3329 Perry LN Austin, TX 78731		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 51/69	
2 FILER NAME Viriden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/19/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Frances	8 Amount of contribution (\$) \$400.00	9 In-kind contribution description Videography
	7 Contributor address; City; State; Zip Code 3202 Hancock DR Austin, TX 78731	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Videographer		11 Employer (FOR NON-JUDICIAL) (See instructions) Self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/15 Rpt: 52/69	2 FILER NAME Virden, Jennifer M	3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/14/2020	5 Payee name Aarrow Sign Spinners	
6 Amount (\$) \$3,904.00	7 Payee address; City; State; Zip Code 5555 N. Lamar BLVD Suite K-115 Austin, TX 78751	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign spinning at polling places.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2020	Payee name Brooks, Matthew	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 1908 Dry Creek DR Round Rock, TX 79681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Photography	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography at volunteer meeting for social media posts, etc.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2020	Payee name Community Impact Newspaper	
Amount (\$) \$2,165.00	Payee address; City; State; Zip Code 3600 E. Palm Valley BLVD Box #3 Round Rock, TX 78665	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign ad.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 2/15 Rpt: 53/69	2	FILER NAME Virden, Jennifer M	3	Filer ID (Ethics Commission Filers) 00090501
4	Date 10/18/2020	5	Payee name Constant Contact		
6	Amount (\$) \$74.62	7	Payee address; City; State; Zip Code 1601 Trapelo RD Waltham, MA 02451		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email marketing.		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/24/2020		Payee name DonateWay		
	Amount (\$) \$1,521.51		Payee address; City; State; Zip Code P. O. Box 301267 Austin, TX 78703		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electronic contribution service fees.		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/23/2020		Payee name FedEx Office		
	Amount (\$) \$92.01		Payee address; City; State; Zip Code 9222 Burnet RD Austin, TX 78758		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Posters mounted on foam board for electioneering.		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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: 3/15 Rpt: 54/69	2 FILER NAME Virden, Jennifer M	3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/16/2020	5 Payee name FedEx Office	
6 Amount (\$) \$221.91	7 Payee address; City; State; Zip Code 9222 Burnet RD Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Posters.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2020	Payee name HEB	
Amount (\$) \$139.33	Payee address; City; State; Zip Code 7015 Village Center DR Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meeting.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2020	Payee name KLBJ	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 8309 N. IH 35 Austin, TX 78753	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Radio campaign ads.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/15 Rpt: 55/69	2 FILER NAME Virden, Jennifer M	3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/07/2020	5 Payee name KLBJ	
6 Amount (\$) \$900.00	7 Payee address; City; State; Zip Code 8309 N. IH 35 Austin, TX 78753	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Radio campaign ads.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2020	Payee name KLBJ	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 8309 N. IH 35 Austin, TX 78753	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Radio campaign ads.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2020	Payee name Kerri, Lohmeier	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 2307 Lake Austin BLVD Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Photography	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate photos.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/15 Rpt: 56/69	2 FILER NAME Virden, Jennifer M	3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/01/2020	5 Payee name La Traila #2	
6 Amount (\$) \$57.21	7 Payee address; City; State; Zip Code 8143 Mesa DR Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast tacos for volunteer meeting.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/28/2020	Payee name Lowe's	
Amount (\$) \$261.62	Payee address; City; State; Zip Code 8000 Shoal Creek BLVD Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies to install large campaign signs.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2020	Payee name Office Depot	
Amount (\$) \$102.59	Payee address; City; State; Zip Code 2620 W. Anderson LN Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense USPS stamps and note cards.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 6/15 Rpt: 57/69	2	FILER NAME Virden, Jennifer M	3	Filer ID (Ethics Commission Filers) 00090501
4	Date 10/11/2020	5	Payee name Office Depot		
6	Amount (\$) \$360.00	7	Payee address; City; State; Zip Code 2620 W. Anderson LN Austin, TX 78757		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Literature.		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/03/2020		Payee name Office Depot		
	Amount (\$) \$26.60		Payee address; City; State; Zip Code 2620 W. Anderson LN Austin, TX 78757		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for volunteer meeting.		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/25/2020		Payee name Office Depot		
	Amount (\$) \$102.59		Payee address; City; State; Zip Code 2620 W. Anderson LN Austin, TX 78757		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense USPS stamps and note cards.		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/15 Rpt: 58/69	2 FILER NAME Virden, Jennifer M	3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/23/2020	5 Payee name Parker, Patricia C.	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 1508 Emperor CT Round Rock, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of the \$100 over the \$400 monetary political contribution limit.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2020	Payee name Pueblo Group Consulting LLC	
Amount (\$) \$472.70	Payee address; City; State; Zip Code 2810 Salado ST Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social media management and voter data.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2020	Payee name Pueblo Group Consulting LLC	
Amount (\$) \$1,003.12	Payee address; City; State; Zip Code 2810 Salado ST Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political phone marketing.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/15 Rpt: 59/69	2 FILER NAME Virden, Jennifer M	3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/08/2020	5 Payee name Pueblo Group Consulting LLC	
6 Amount (\$) \$2,560.00	7 Payee address; City; State; Zip Code 2810 Salado ST Austin, TX 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social media management and voter data.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2020	Payee name Super Cheap Signs	
Amount (\$) \$342.79	Payee address; City; State; Zip Code 9200 Waterford Centre BLVD Suite 100 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign order.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2020	Payee name Super Cheap Signs	
Amount (\$) \$820.20	Payee address; City; State; Zip Code 9200 Waterford Centre BLVD Suite 100 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign yard signs.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/15 Rpt: 60/69	2 FILER NAME Virden, Jennifer M	3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/19/2020	5 Payee name The Bumper Sticker	
6 Amount (\$) \$142.08	7 Payee address; City; State; Zip Code 612 West 34th ST Austin, TX 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Graphic Artwork	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailer
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2020	Payee name The Bumper Sticker	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 612 West 34th ST Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Graphic Artwork	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social media ads.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2020	Payee name The Bumper Sticker	
Amount (\$) \$54.13	Payee address; City; State; Zip Code 612 West 34th ST Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Graphic Artwork	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poster.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/15 Rpt: 61/69	2 FILER NAME Virden, Jennifer M	3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/14/2020	5 Payee name The Bumper Sticker	
6 Amount (\$) \$101.48	7 Payee address; City; State; Zip Code 612 West 34th ST Austin, TX 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Graphic Artwork	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Community Impact ad.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2020	Payee name The Bumper Sticker	
Amount (\$) \$389.70	Payee address; City; State; Zip Code 612 West 34th ST Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Literature.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2020	Payee name The Bumper Sticker	
Amount (\$) \$389.70	Payee address; City; State; Zip Code 612 West 34th ST Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Literature.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/15 Rpt: 62/69	2 FILER NAME Virden, Jennifer M	3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/13/2020	5 Payee name The Bumper Sticker	
6 Amount (\$) \$162.38	7 Payee address; City; State; Zip Code 612 West 34th ST Austin, TX 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Graphic Artwork	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailer.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2020	Payee name The Bumper Sticker	
Amount (\$) \$662.49	Payee address; City; State; Zip Code 612 West 34th ST Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Literature.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2020	Payee name The Bumper Sticker	
Amount (\$) \$855.72	Payee address; City; State; Zip Code 612 West 34th ST Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Literature.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/15 Rpt: 63/69	2 FILER NAME Virden, Jennifer M	3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/19/2020	5 Payee name The Ultimate PrintSource, Inc.	
6 Amount (\$) \$7,564.75	7 Payee address; City; State; Zip Code 2070 S. Hellman AVE Ontario, CA 91761	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Mailer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign mailer.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2020	Payee name The Ultimate PrintSource, Inc.	
Amount (\$) \$8,196.96	Payee address; City; State; Zip Code 2070 S. Hellman AVE Ontario, CA 91761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Mailer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailer.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2020	Payee name The Ultimate PrintSource, Inc.	
Amount (\$) \$8,196.96	Payee address; City; State; Zip Code 2070 S. Hellman AVE Ontario, CA 91761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Mailer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailer.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/15 Rpt: 64/69	2 FILER NAME Virden, Jennifer M	3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/02/2020	5 Payee name The Ultimate PrintSource, Inc.	
6 Amount (\$) \$7,889.56	7 Payee address; City; State; Zip Code 2070 S. Hellman AVE Ontario, CA 91761	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Mailer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailer.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2020	Payee name UFCU	
Amount (\$) \$4.00	Payee address; City; State; Zip Code 3305 Steck AVE Austin, TX 78757	
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 Paper checks.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2020	Payee name Vera, Bobby	
Amount (\$) \$577.50	Payee address; City; State; Zip Code 130 Niven Path Jarrell, TX 76537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Large campaign sign installation.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/15 Rpt: 65/69	2 FILER NAME Virden, Jennifer M	3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/06/2020	5 Payee name Vera, Bobby	
6 Amount (\$) \$467.50	7 Payee address; City; State; Zip Code 130 Niven Path Jarrell, TX 76537	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Large campaign sign installation.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/28/2020	Payee name Vera, Bobby	
Amount (\$) \$1,292.50	Payee address; City; State; Zip Code 130 Niven Path Jarrell, TX 76537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Large campaign sign installation.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2020	Payee name VerticalResponse	
Amount (\$) \$127.92	Payee address; City; State; Zip Code 3680 Victoria ST N Shoreview, MN 55126-2966	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email marketing.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/15 Rpt: 66/69	2 FILER NAME Virden, Jennifer M	3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/07/2020	5 Payee name Zoom Video Communications, Inc.	
6 Amount (\$) \$15.98	7 Payee address; City; State; Zip Code 55 Almaden BLVD 6th Floor San Jose, CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video teleconferencing.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/2 Rpt: 67/69	2 FILER NAME Virden, Jennifer M	3 Filer ID (Ethics Commission Filers) 00090501
4 Date 09/29/2020	5 Payee name Lowe's	
6 Amount (\$) \$36.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8000 Shoal Creek BLVD Austin, TX 78757	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post driver for installing large campaign signs.
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 09/29/2020	Payee name MileagePlus United Chase CC	
Amount (\$) \$127.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P. O .Box 6294 Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies - Dropbox document management.
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 09/29/2020	Payee name MileagePlus United Chase CC	
Amount (\$) \$13.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P. O .Box 6294 Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software - monthly subscription fee 8/23/2020.
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/2 Rpt: 68/69	2 FILER NAME Virden, Jennifer M	3 Filer ID (Ethics Commission Filers) 00090501
4 Date 09/29/2020	5 Payee name MileagePlus United Chase CC	
6 Amount (\$) \$13.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P. O .Box 6294 Carol Stream, IL 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software - monthly subscription fee 9/23/2020.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 69/69
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 10/21/2020	5 Name of person from whom amount is received Super Cheap Signs	8 Amount (\$) \$320.65
	6 Address of person from whom amount is received; City; State; Zip Code 9200 Waterford Centre BLVD Suite #100 Austin, TX 78758	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Refund for Canceled Sign Order (Less \$22.14 Cancellation Fee)	