

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **42**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MRS.

ANGELA

C

NICKNAME

LAST

SUFFIX

ANGIE

WIERZBICKI

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2311 CREEK MEADOWS DRIVE, MISSOURI CITY,  
TX 77459

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 832 )

274-9246

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MOHAMMAD

NICKNAME

LAST

SUFFIX

JAZZ

AIJAZ

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

12323 ASHFORD HOLLOW DRIVE, SUGAR LAND, TX 77478

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 281 )

235-5842

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

1

1

25

THROUGH

Month

Day

Year

3

31

25

11 ELECTION

ELECTION DATE

Month

Day

Year

5

3

25

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other  
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FORT BEND ISD POSITION 7

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
ANGELA WIERZBICKI

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 18184.70

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 10552.26

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 3015.14

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

18 SIGNATURE

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

Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP/SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is Angela Wierzbicki, and my date of birth is 9/20/77.

My address is 2311 Creek Meadows, Missouri City, TX, 77459, USA.  
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of TX, on the 3rd day of April, 20 25.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

ANGELA WIERZBICKI

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12652.12
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5532.58
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10552.26
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 25

2 FILER NAME

ANGELA WIERZBICKI

3 Filer ID (Ethics Commission Filers)

4 Date

01/06/2025

5 Full name of contributor

CHARLES SANDERS

out-of-state PAC (ID#)

7 Amount of contribution (\$)

104.42

6 Contributor address;

City;

State;

Zip Code

5614 DAIRYBROOK COVE, SUGAR LAND, TX 77479

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/09/2025

Full name of contributor

ESTHER DELPOLYI

out-of-state PAC (ID#)

Amount of contribution (\$)

52.37

Contributor address;

City;

State;

Zip Code

319 LONGVIEW DRIVE, SUGAR LAND, TX 77478

Principal occupation / Job title (See Instructions)

WRITER

Employer (See Instructions)

SELF EMPLOYED

Date

01/10/2025

Full name of contributor

ZAHRA SYED

out-of-state PAC (ID#)

Amount of contribution (\$)

260.59

Contributor address;

City;

State;

Zip Code

11202 RATTRAYCOURT, RICHMOND, TX 77407

Principal occupation / Job title (See Instructions)

PHYSICIAN

Employer (See Instructions)

UNITED HEALTHCARE

Date

01/13/2025

Full name of contributor

TOM NICHOLS

out-of-state PAC (ID#)

Amount of contribution (\$)

520.87

Contributor address;

City;

State;

Zip Code

3318 DEERWOOD LANE, MISSOURI CITY, TX 77459

Principal occupation / Job title (See Instructions)

WHOLESALE PETROLEUM BROKER

Employer (See Instructions)

MAKET PETROLEUM INC.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **25**

2 FILER NAME

**ANGELA WIERZBICKI**

3 Filer ID (Ethics Commission Filers)

4 Date

**01/15/2025**

5 Full name of contributor

**Fatima Wajahat**

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

**20.00**

6 Contributor address;

City;

State;

Zip Code

**5817 Valley Forge Dr, Houston, TX 77057**

8 Principal occupation / Job title (See Instructions)

**URBAN PLANNER**

9 Employer (See Instructions)

**HARRIS COUNTY**

Date

**01/15/2025**

Full name of contributor

**Scott Pett**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**52.37**

Contributor address;

City;

State;

Zip Code

**3907 Flintrock Lane, Sugar Land, TX 77479**

Principal occupation / Job title (See Instructions)

**WRITER/EDITOR**

Employer (See Instructions)

**RICE UNIVERSITY**

Date

**01/16/2025**

Full name of contributor

**Kara Cook**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**104.42**

Contributor address;

City;

State;

Zip Code

**5 Thimbleberry Ct, The Woodlands, TX 77380**

Principal occupation / Job title (See Instructions)

**DIRECTOR OF INNOVATION**

Employer (See Instructions)

**HARRIS COUNTY PRECINCT 4**

Date

**01/16/2025**

Full name of contributor

**Eliz Markowitz**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**104.42**

Contributor address;

City;

State;

Zip Code

**24111 Haywards Crossing Ln, Katy, TX 77494**

Principal occupation / Job title (See Instructions)

**EDUCATOR**

Employer (See Instructions)

**U OF H**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>25</b>
2 FILER NAME <b>ANGELA WIERZBICKI</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/16/2025</b>	5 Full name of contributor <b>John Strader</b> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code <b>7443 Colony Bend Ln, Missouri City, TX 77459</b>	7 Amount of contribution (\$) <b>21.13</b>
8 Principal occupation / Job title (See Instructions) <b>PASTOR</b>		9 Employer (See Instructions) <b>HORIZON BAPTIST CHURCH</b>
Date <b>01/16/2025</b>	Full name of contributor <b>Amanda Walker</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>9607 Tall Tree Court, Missouri City, TX 77459</b>	Amount of contribution (\$) <b>104.42</b>
Principal occupation / Job title (See Instructions) <b>CPA</b>		Employer (See Instructions) <b>SIENNA CONSULTING</b>
Date <b>01/18/2025</b>	Full name of contributor <b>Kristen Bray</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>10607 Saratoga Square, Missouri City, TX 77459</b>	Amount of contribution (\$) <b>52.37</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/18/2025</b>	Full name of contributor <b>Barbara Zack</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>2802 Creekway Circle, Missouri City, TX 77459</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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2 FILER NAME <b>ANGELA WIERZBICKI</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/19/2025</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Maruthi Devarakonda</b> 6 Contributor address; City; State; Zip Code <b>3315 Reston Landing Lane, Katy, TX 77494</b>	7 Amount of contribution (\$) <b>104.42</b>
8 Principal occupation / Job title (See Instructions) <b>DIRECTOR</b>		9 Employer (See Instructions) <b>BAKER HUGHES</b>
Date <b>01/20/2025</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Valerie Tolman</b> Contributor address; City; State; Zip Code <b>4002 Alexis Tate Circle, Missouri City, TX 77459</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>01/22/2025</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Amy Robinson</b> Contributor address; City; State; Zip Code <b>2906 Del Monte Court, Missouri City, TX 77459</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/22/2025</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Diane Giltner</b> Contributor address; City; State; Zip Code <b>4014 Eastshore Street, Missouri City, TX 77459</b>	Amount of contribution (\$) <b>102.62</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 25
2 FILER NAME ANGELA WIERZBICKI			3 Filer ID (Ethics Commission Filers)
4 Date 01/22/2025	5 Full name of contributor Meghan Koka out-of-state PAC (ID# _____) 6 Contributor address; 4307 Roundtree Lane, Missouri City, TX 77459 City; State; Zip Code	7 Amount of contribution (\$)  21.13	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF EMPLOYED	
Date 01/23/2025	Full name of contributor Joanna Ouderkirk out-of-state PAC (ID# _____) Contributor address; 1727 Shoreline Drive, Missouri City, TX 77459 City; State; Zip Code	Amount of contribution (\$)  104.42	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 01/23/2025	Full name of contributor Carolyn Hopkins out-of-state PAC (ID# _____) Contributor address; 3606 Golden Tee Lane, Missouri City, TX 77459 City; State; Zip Code	Amount of contribution (\$)  104.42	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 01/23/2025	Full name of contributor Barbara Beskin out-of-state PAC (ID# _____) Contributor address; 2934 Colony Drive, Sugar Land, TX 77479 City; State; Zip Code	Amount of contribution (\$)  52.37	
Principal occupation / Job title (See Instructions) HUMAN RESOURCES		Employer (See Instructions) WHOLE FOODS MARKET	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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2 FILER NAME <b>ANGELA WIERZBICKI</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/24/2025</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Nancy Schoepf</b> 6 Contributor address; City; State; Zip Code <b>4019 Bay Shore Drive, Missouri City, TX 77459</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>01/25/2025</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Grady Prestage Campaign</b> Contributor address; City; State; Zip Code <b>P.O. Box 535, Missouri City, TX 77459</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/26/2025</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Ronald Reynolds</b> Contributor address; City; State; Zip Code <b>6140 Highway 6 South #233, Missouri City, TX 77459</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>STATE REPRESENTATIVE</b>		Employer (See Instructions) <b>CIVITAS ENGINEERING GROUP</b>
Date <b>01/26/2025</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Haley Schulz</b> Contributor address; City; State; Zip Code <b>5838 Banyan Oak Court, Richmond, TX 77407</b>	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See Instructions) <b>HOUSTON ORGANIZER</b>		Employer (See Instructions) <b>PUBLIC CITIZEN</b>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1: 25

2 FILER NAME

ANGELA WIERZBICKI

3 Filer ID (Ethics Commission Filers)

4 Date

01/26/2025

5 Full name of contributor

Saba Umar

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

17407 Woodfalls Lane, Richmond, TX 77407

8 Principal occupation / Job title (See Instructions)  
CASE MANAGER

9 Employer (See Instructions)  
FORT BEND COUNTY

Date

01/26/2025

Full name of contributor

Vicki Coffman

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

208.54

Contributor address;

City;

State;

Zip Code

802 Sycamore Road, Richmond, TX 77469

Principal occupation / Job title (See Instructions)  
RETIRED

Employer (See Instructions)

Date

01/26/2025

Full name of contributor

Muzaffar Vohra

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

104.42

Contributor address;

City;

State;

Zip Code

13108 Sunset Cliff Ct, Sugar Land, TX 77478

Principal occupation / Job title (See Instructions)  
CEO

Employer (See Instructions)  
MOBILE EVOLUTION

Date

01/26/2025

Full name of contributor

Lakshmi Ramakrishnan

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

619 Arden Oaks Dr., Sugar Land, TX 77479

Principal occupation / Job title (See Instructions)  
ATTORNEY

Employer (See Instructions)  
TEXAS RIO GRANDE LEGAL AID

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1: **25**

2 FILER NAME

**ANGELA WIERZBICKI**

3 Filer ID (Ethics Commission Filers)

4 Date

**01/26/2025**

5 Full name of contributor

**William Bobrick**

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

**21.13**

6 Contributor address;

City;

State;

Zip Code

**14231 Farm to Market 1464, Sugar Land, TX 77498**

8 Principal occupation / Job title (See Instructions)

**SUPERVISOR**

9 Employer (See Instructions)

**FORT BEND COUNTY**

Date

**01/26/2025**

Full name of contributor

**Debbie Mansfield**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**104.42**

Contributor address;

City;

State;

Zip Code

**3515 Rolling Green Lane, Missouri City, TX 77459**

Principal occupation / Job title (See Instructions)

**GRAPHIC DESIGNER**

Employer (See Instructions)

**MARSH**

Date

**01/27/2025**

Full name of contributor

**Dylan Russell**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

**4518 Pebblestone Dr, Missouri City, TX 77459**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**01/27/2025**

Full name of contributor

**Sumita Ghosh**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

**4607 Keneshaw Ct, Sugar Land, TX 77479**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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1 Total pages Schedule A1: **25**

2 FILER NAME

**ANGELA WIERZBICKI**

3 Filer ID (Ethics Commission Filers)

4 Date

**01/27/2025**

5 Full name of contributor

**Jessica Jubin**

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

**50.00**

6 Contributor address;

City;

State;

Zip Code

**3318 Lily Pond Ct, Missouri City, TX 77459**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**01/27/2025**

Full name of contributor

**Kara Masharani**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**104.42**

Contributor address;

City;

State;

Zip Code

**1426 North Medio River Circle, Sugar Land, TX 77478**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**01/27/2025**

Full name of contributor

**Lerin King**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**104.42**

Contributor address;

City;

State;

Zip Code

**2406 Quail Valley East, Missouri City, TX 77459**

Principal occupation / Job title (See Instructions)

**TECHNICAL EDITOR**

Employer (See Instructions)

**RCP INC**

Date

**01/29/2025**

Full name of contributor

**Jael Casiano**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**52.37**

Contributor address;

City;

State;

Zip Code

**5510 South Rice Avenue, Houston, TX 77081**

Principal occupation / Job title (See Instructions)

**EVENTS MANAGER**

Employer (See Instructions)

**HARRIS COUNTY**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **25**

2 FILER NAME

**ANGELA WIERZBICKI**

3 Filer ID (Ethics Commission Filers)

4 Date

**01/29/2025**

5 Full name of contributor

**Angela Hanan**

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

**1,000.00**

6 Contributor address;

City;

State;

Zip Code

**903 Goldfinch Ave, Sugar Land, TX 77478**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**01/29/2025**

Full name of contributor

**Peter Wierzbicki**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**200.00**

Contributor address;

City;

State;

Zip Code

**4104 N. Mayan Dr, Hernando, FL 34442**

Principal occupation / Job title (See Instructions)

**RETIRED**

Employer (See Instructions)

Date

**01/29/2025**

Full name of contributor

**Pamela Farinas**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**20.00**

Contributor address;

City;

State;

Zip Code

**8507 Chancellorsville Lane, Houston, TX 77083**

Principal occupation / Job title (See Instructions)

**EDUCATION**

Employer (See Instructions)

**REGION 4**

Date

**02/02/2025**

Full name of contributor

**Patty James**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**104.42**

Contributor address;

City;

State;

Zip Code

**16831 Dry Creek Falls Boulevard, Cypress, TX 77433**

Principal occupation / Job title (See Instructions)

**COORDINATOR III**

Employer (See Instructions)

**LONE STAR COLLEGE CYFAIR****ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME ANGELA WIERZBICKI		3 Filer ID (Ethics Commission Filers)
4 Date 02/03/2025	5 Full name of contributor Charles Sanders out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 5614 Dairybrook Cove, Sugar Land, TX 77479	7 Amount of contribution (\$) <b>104.42</b>
8 Principal occupation / Job title (See Instructions) BUSINESS DEVELOPMENT		9 Employer (See Instructions) AIR LIQUIDE
Date 02/03/2025	Full name of contributor Brittany Sterling out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 1919 Bending Green Drive, Arcola TX, 77583	Amount of contribution (\$) <b>52.37</b>
Principal occupation / Job title (See Instructions) ADMINISTRATIVE ASSISTANT		Employer (See Instructions) HARRIS COUNTY
Date 02/04/2025	Full name of contributor Paula Hansen out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 6639 Alicant Drive, Sugar Land, TX 77479	Amount of contribution (\$) <b>104.42</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/04/2025	Full name of contributor Virginia Sidrony out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 7707 Green Path Court, Sugar Land, TX 77479	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>25</b>
2 FILER NAME <b>ANGELA WIERZBICKI</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/04/2025</b>	5 Full name of contributor <b>Linda Webb</b> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code <b>2010 N Greens Blvd, Richmond, TX 77406</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/04/2025</b>	Full name of contributor <b>Patricia Porcynaluk</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>2018 Musket Ridge Drive, Richmond, TX 77406</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/07/2025</b>	Full name of contributor <b>Ann Hamilton</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>1701 Hermann Drive #605, Houston, TX 77004</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>02/08/2025</b>	Full name of contributor <b>Jamaal Smith</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>2211 Rocky Cove Ct, Pearland, TX 77584</b>	Amount of contribution (\$) <b>260.59</b>
Principal occupation / Job title (See Instructions) <b>PUBLIC SERVICE</b>		Employer (See Instructions) <b>HARRIS COUNTY</b>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>25</b>
2 FILER NAME <b>ANGELA WIERZBICKI</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/13/2025</b>	5 Full name of contributor <b>Ricardo Garcia</b> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code <b>5426 Marble Ravine Dr., Richmond, TX 77407</b>	7 Amount of contribution (\$) <b>35.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/13/2025</b>	Full name of contributor <b>Doris Kyle</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>511 Hillary Circle, Sugar Land, TX 77498</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>02/13/2025</b>	Full name of contributor <b>Maria Delgado</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>406 Baldinger St, Houston, TX 77011</b>	Amount of contribution (\$) <b>52.37</b>
Principal occupation / Job title (See Instructions) <b>ADMIN</b>		Employer (See Instructions) <b>HARRIS COUNTY</b>
Date <b>02/17/2025</b>	Full name of contributor <b>Whitney Jalali</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>1803 Rustic Hills Court, Sugar Land, TX 77479</b>	Amount of contribution (\$) <b>75.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **25**

2 FILER NAME

**ANGELA WIERZBICKI**

3 Filer ID (Ethics Commission Filers)

4 Date

**02/19/2025**

5 Full name of contributor

**Maruthi Devarakonda**

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

**104.42**

6 Contributor address:

City:

State:

Zip Code

**3315 Reston Landing Lane, Katy, TX 77494**

8 Principal occupation / Job title (See Instructions)

**DIRECTOR**

9 Employer (See Instructions)

**BAKER HUGHES**

Date

**02/28/2025**

Full name of contributor

**Quynh-Anh McMahan**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**100.00**

Contributor address:

City:

State:

Zip Code

**10603 Lakeside Mill Court, Missouri City, TX 77459**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/02/2025**

Full name of contributor

**Vicki Coffman**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**52.37**

Contributor address:

City:

State:

Zip Code

**802 Sycamore Road, Richmond, TX 77469**

Principal occupation / Job title (See Instructions)

**RETIRED**

Employer (See Instructions)

Date

**03/02/2025**

Full name of contributor

**Charles Sanders**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**104.42**

Contributor address:

City:

State:

Zip Code

**5614 Dairybrook Cove, Sugar Land, TX 77479**

Principal occupation / Job title (See Instructions)

**BUSINESS DEVELOPMENT**

Employer (See Instructions)

**AIR LIQUIDE**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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1 Total pages Schedule A1: **25**

2 FILER NAME

**ANGELA WIERZBICKI**

3 Filer ID (Ethics Commission Filers)

4 Date

**03/02/2025**

5 Full name of contributor

**Namita Asthana**

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

**50.00**

6 Contributor address; City; State; Zip Code

**4418 Castlewood Street, Sugar Land, TX 77479**

8 Principal occupation / Job title (See Instructions)  
**SELF**

9 Employer (See Instructions)  
**OFF THE VINE TASTING ROOM**

Date

**03/02/2025**

Full name of contributor

**Janice Milo**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**52.37**

Contributor address; City; State; Zip Code

**2711 Pecan Ridge Drive, Sugar Land, TX 77479**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/02/2025**

Full name of contributor

**Doug Kohn**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**156.48**

Contributor address; City; State; Zip Code

**1307 Woodmere Lane, Richmond, TX 77406**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/03/2025**

Full name of contributor

**Bincy Jacob**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**100.00**

Contributor address; City; State; Zip Code

**P.O. Box 84514, Pearland, TX 77584**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **25**

2 FILER NAME

**ANGELA WIERZBICKI**

3 Filer ID (Ethics Commission Filers)

4 Date

**03/03/2025**

5 Full name of contributor

**LuAnn York**

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

**20.00**

6 Contributor address;

City;

State;

Zip Code

**3302 Oak Tree Ct, Sugar Land, TX 77479**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**03/04/2025**

Full name of contributor

**Susannah Rolf**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**52.37**

Contributor address;

City;

State;

Zip Code

**3119 Tanner Dell Ct, Missouri City, TX 77459**

Principal occupation / Job title (See Instructions)  
**CLINICAL SOCIAL WORKER**

Employer (See Instructions)  
**LYRA**

Date

**03/05/2025**

Full name of contributor

**Terri Wang**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**25.00**

Contributor address;

City;

State;

Zip Code

**5139 Avondale Dr, Sugar Land, TX 77479**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/05/2025**

Full name of contributor

**James Uschkrat**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**52.37**

Contributor address;

City;

State;

Zip Code

**4514 Bermuda Drive, Sugar Land, TX 77479**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>25</b>
2 FILER NAME <b>ANGELA WIERZBICKI</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/10/2025</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Alice Lee</b> 6 Contributor address; City; State; Zip Code <b>4922 Valkeith Dr, Houston, TX 77096</b>	7 Amount of contribution (\$) <b>200.00</b>
8 Principal occupation / Job title (See Instructions) <b>CHIEF OF STAFF</b>		9 Employer (See Instructions) <b>HARRIS COUNTY</b>
Date <b>03/12/2025</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Melanie Miller</b> Contributor address; City; State; Zip Code <b>4710 Castlewood Street, Sugar Land, TX 77479</b>	Amount of contribution (\$) <b>104.42</b>
Principal occupation / Job title (See Instructions) <b>WRITER</b>		Employer (See Instructions) <b>MELANGE</b>
Date <b>03/13/2025</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Vicki Coffman</b> Contributor address; City; State; Zip Code <b>802 Sycamore Road, Richmond, TX 77469</b>	Amount of contribution (\$) <b>104.42</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>03/16/2025</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Kimberly Hibschi</b> Contributor address; City; State; Zip Code <b>1603 Shining Willow Court, Richmond, TX 77406</b>	Amount of contribution (\$) <b>104.42</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **25**

2 FILER NAME

**ANGELA WIERZBICKI**

3 Filer ID (Ethics Commission Filers)

4 Date

**03/17/2025**

5 Full name of contributor

**Mara Soloway**

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

**78.40**

6 Contributor address;

City;

State;

Zip Code

**2218 Wood Cove Lane, Sugar Land, TX 77479**

8 Principal occupation / Job title (See Instructions)

**WRITER**

9 Employer (See Instructions)

**CREATIVE CIRCLE**

Date

**03/19/2025**

Full name of contributor

**Maruthi Devarakonda**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**104.42**

Contributor address;

City;

State;

Zip Code

**3315 Reston Landing Lane, Katy TX, 77494**

Principal occupation / Job title (See Instructions)

**DIRECTOR**

Employer (See Instructions)

**BAKER HUGHES**

Date

**03/19/2025**

Full name of contributor

**Mary Walther**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**26.34**

Contributor address;

City;

State;

Zip Code

**3518 Ozark St, Houston TX, 77021**

Principal occupation / Job title (See Instructions)

**CONSULTING**

Employer (See Instructions)

**DINI SPHERIS**

Date

**03/20/2025**

Full name of contributor

**Karen Willatt**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**52.37**

Contributor address;

City;

State;

Zip Code

**3511 Covey Trail Dr, Missouri City, TX 77459**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **25**

2 FILER NAME

**ANGELA WIERZBICKI**

3 Filer ID (Ethics Commission Filers)

4 Date

**03/20/2025**

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Danielle Metcalfe-Chenail**

7 Amount of contribution (\$)

**20.00**

6 Contributor address;

City;

State;

Zip Code

**97 Seafarers Lane, Whites Lake, NS, Canada**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date

**03/22/2025**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Kimberly Barte**

Amount of contribution (\$)

**10.72**

Contributor address;

City;

State;

Zip Code

**9718 Lafayette Way, Missouri City, TX 77459**

Principal occupation / Job title (See instructions)

**ADVISING MANAGER**

Employer (See instructions)

**HCC**

Date

**03/22/2025**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**William Bobrick**

Amount of contribution (\$)

**52.37**

Contributor address;

City;

State;

Zip Code

**14231 Farm to Market 1464, Sugar Land, TX 77498**

Principal occupation / Job title (See instructions)

**BUREAUCRAT**

Employer (See instructions)

**FORT BEND COUNTY**

Date

**03/22/2025**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Joel Clouser**

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

**3026 Pelican Cove, Missouri City, TX 77459**

Principal occupation / Job title (See instructions)

**RETIRED**

Employer (See instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

25

2 FILER NAME

ANGELA WIERZBICKI

3 Filer ID (Ethics Commission Filers)

4 Date

03/22/2025

5 Full name of contributor

Sally Curimbaba

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

313 2nd Street, Rosenberg, TX 77471

8 Principal occupation / Job title (See Instructions)

SMALL BUSINESS OWNER

9 Employer (See Instructions)

ASL INTERNATIONAL INC

Date

03/22/2025

Full name of contributor

Andrea Cope

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

26.34

Contributor address;

City;

State;

Zip Code

3627 West Creek Club Drive, Missouri City, TX 77459

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

03/22/2025

Full name of contributor

Lynn Clouser

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

3006 Sadie Court, Missouri City, TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/22/2025

Full name of contributor

Melody Wells

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

104.42

Contributor address;

City;

State;

Zip Code

2523 Ashmont Drive, Missouri City, TX 77459

Principal occupation / Job title (See Instructions)

ACCOUNTANT

Employer (See Instructions)

H4D CONSULTING

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **25**

2 FILER NAME

**ANGELA WIERZBICKI**

3 Filer ID (Ethics Commission Filers)

4 Date

**03/22/2025**

5 Full name of contributor

**Amanda Kennair**

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

**52.37**

6 Contributor address;

City;

State;

Zip Code

**4435 Casey Circle, Sugar Land, TX 77479**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**03/22/2025**

Full name of contributor

**Jigisha Doshi**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**104.42**

Contributor address;

City;

State;

Zip Code

**7027 Argonne Trail, Sugar Land, TX 77479**

Principal occupation / Job title (See Instructions)  
**COLLEGE COUNSELOR**

Employer (See Instructions)  
**SOJOURN CONSULTING**

Date

**03/22/2025**

Full name of contributor

**James Davidson**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**50.00**

Contributor address;

City;

State;

Zip Code

**3110 Presley Jane Court, Missouri City, TX 77459**

Principal occupation / Job title (See Instructions)  
**CONSULTANT**

Employer (See Instructions)  
**CRBG**

Date

**03/22/2025**

Full name of contributor

**Phillip Andrews**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**104.42**

Contributor address;

City;

State;

Zip Code

**1802 Maidenhair Lane, Sugar Land, TX 77479**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)  
**SELF EMPLOYED**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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1 Total pages Schedule A1: **25**

2 FILER NAME

**ANGELA WIERZBICKI**

3 Filer ID (Ethics Commission Filers)

4 Date

**03/22/2025**

5 Full name of contributor

**George Kakkanatt**

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

**52.37**

6 Contributor address;

City;

State;

Zip Code

**14014 Cobalt Glen Drive, Sugar Land, TX 77498**

8 Principal occupation / Job title (See Instructions)  
**PSYCHOLOGIST**

9 Employer (See Instructions)  
**SELF EMPLOYED**

Date

**03/22/2025**

Full name of contributor

**Ligi Varghese**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**41.96**

Contributor address;

City;

State;

Zip Code

**3603 Duncaster Dr, Missouri City, TX 77459**

Principal occupation / Job title (See Instructions)  
**RADIOLOGY TECHNOLOGIST**

Employer (See Instructions)  
**BAYLOR COLLEGE OF MEDICINE**

Date

**03/22/2025**

Full name of contributor

**Christina Barber**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**21.13**

Contributor address;

City;

State;

Zip Code

**3411 Caloway Ct, Missouri City, TX 77459**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/23/2025**

Full name of contributor

**Patty Masters**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**52.37**

Contributor address;

City;

State;

Zip Code

**3207 Spring Trail Drive, Sugar Land, TX 77479**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>25</b>
2 FILER NAME <b>ANGELA WIERZBICKI</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/23/2025</b>	5 Full name of contributor <b>Felicia Moon</b> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code <b>3311 Raleigh Row, Missouri City, TX 77459</b>	7 Amount of contribution (\$) <b>67.99</b>
8 Principal occupation / Job title (See Instructions) <b>CAMPAIGN CONSULTANT</b>		9 Employer (See Instructions) <b>CAMPAIGN TEXAS</b>
Date <b>03/23/2025</b>	Full name of contributor <b>Colleen Donart</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>3103 Wagon Trail Drive, Sugar Land, TX 77479</b>	Amount of contribution (\$) <b>52.37</b>
Principal occupation / Job title (See Instructions) <b>MERCHANDISING</b>		Employer (See Instructions) <b>SYSCO</b>
Date <b>03/23/2025</b>	Full name of contributor <b>Melannie Boullion</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>10502 Farmersville Fork, Missouri City, TX 77459</b>	Amount of contribution (\$) <b>52.37</b>
Principal occupation / Job title (See Instructions) <b>LIBRARIAN</b>		Employer (See Instructions) <b>FBISD</b>
Date <b>03/24/2025</b>	Full name of contributor <b>Maruthi Devarakonda</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>3315 Reston Landing Lane, Katy, TX 77494</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>DIRECTOR</b>		Employer (See Instructions) <b>BAKER HUGHES</b>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>25</b>
2 FILER NAME <b>ANGELA WIERZBICKI</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/24/2025</b>	5 Full name of contributor <b>Farha Ahmed</b> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code <b>6 Ellicott Way, Sugar Land, TX 77479</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/24/2025</b>	Full name of contributor <b>Joanne Gonzales</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>3023 E Steepbank Circle, Sugar Land, TX 77479</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/24/2025</b>	Full name of contributor <b>Justine Cherne</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>6028 Rawlings Road, Needville, TX 77461</b>	Amount of contribution (\$) <b>104.42</b>
Principal occupation / Job title (See Instructions) <b>LEGAL ASSISTANT</b>		Employer (See Instructions) <b>ALLEN BOONE HUMPHRIES ROBINSON LLP</b>
Date <b>03/25/2025</b>	Full name of contributor <b>John Atkins</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>4930 Moss Run Drive, Missouri City, TX 77459</b>	Amount of contribution (\$) <b>104.42</b>
Principal occupation / Job title (See Instructions) <b>O&amp;G SUPPLY CHAIN</b>		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 25

2 FILER NAME

ANGELA WIERZBICKI

3 Filer ID (Ethics Commission Filers)

4 Date

03/26/2025

5 Full name of contributor

Michael Sudhalter

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

18.00

6 Contributor address;

City;

State;

Zip Code

5601 Louise Way Drive, Arlington, TX 76017

8 Principal occupation / Job title (See Instructions)

BUSINESS OWNER

9 Employer (See Instructions)

SUDSPASH PHOTOGRAPHY

Date

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS****SCHEDULE A2**

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A2 <b>3</b>	
2 FILER NAME <b>ANGELA WIERZBICKI</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>03/02/2025</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>VALERIE &amp; DAVIS TOLMAN</b>	8 Amount of Contribution \$ <b>100.00</b>	9 In-kind contribution description <b>Beverages/Food for Meet &amp; Greet</b>
7 Contributor address, City, State, Zip Code <b>4002 Alexis Tate Circle, Missouri City, TX 77459</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>RETIRED</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) <b>RETIRED</b>		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) <b>N/A</b>		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)			
Date <b>03/04/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>RENEE TEEL</b>	Amount of Contribution \$ <b>487.13</b>	In-kind contribution description <b>Beverages/Food for Meet &amp; Greet</b>
Contributor address, City, State, Zip Code <b>2222 Streamcrest Lane, Sugar Land, TX 77479</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>RETIRED</b>		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) <b>RETIRED</b>		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL) <b>N/A</b>		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS****SCHEDULE A2**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>3</b>	
2 FILER NAME <b>ANGELA WIERZBICKI</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>03/19/2025</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>SUMITA GHOSH</b>	8 Amount of Contribution \$ <b>150.00</b>	9 In-kind contribution description <b>Beverages/Food for Meet &amp; Greet</b>
7 Contributor address; City; State; Zip Code <b>4607 Keneshaw Ct, Sugar Land, TX 7747</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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)			

Date <b>03/30/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>JENNIFER OBI</b>	Amount of Contribution \$ <b>244.75</b>	In-kind contribution description <b>Beverages/Food for Meet &amp; Greet</b>
Contributor address; City; State; Zip Code <b>3026 Golden Hills Lane, Missouri City, TX 77459</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS****SCHEDULE A2**

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A2 <b>3</b>	
2 FILER NAME <b>ANGELA WIERZBICKI</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>03/30/2025</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (IG# _____) <b>WILLIAM S. VALVERDE</b>	8 Amount of Contribution \$ <b>4,550.70</b>	9 In-kind contribution description <b>PRINTING</b>
7 Contributor address; City; State; Zip Code <b>11730 Wilcrest Drive, Houston, TX 77099</b>		Check if travel outside of Texas. Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions) <b>M3 GRAPHICS</b>	
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)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (IG# _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		Check if travel outside of Texas. Complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gifts/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 Expenses  
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 <b>11</b>	2 FILER NAME <b>ANGELA WIERZBICKI</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>01/01/2025</b>	5 Payee name <b>USPS</b>	
6 Amount (\$) <b>14.60</b>	7 Payee address: <b>1902 Texas Pkwy, Missouri City, TX 77489</b> City: State: Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>MAILING STAMPS</b>
	(c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>01/02/2025</b>	Payee name <b>ZOOM</b>	
Amount (\$) <b>17.05</b>	Payee address: <b>55 N Almaden Blvd, San Jose, CA 95113</b> City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <b>PRO ACCOUNT DIGITAL COMMUNICATIONS</b>
	Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>01/10/2025</b>	Payee name <b>Messina Hof Harvest Green</b>	
Amount (\$) <b>500.00</b>	Payee address: <b>8921 Harlem Rd, Richmond, TX 77406</b> City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>KICK OFF EVENT DEPOSIT</b>
	Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Accounting/Banking

Consulting Expense

Contributions/Donations Made By

Candidate/Officeholder/Political Committee

Credit Card Payment

Event Expense

Fees

Food/Beverage Expense

Gift/Awards/Memorials Expense

Legal Services

Loan Repayment/Reimbursement

Office Overhead/Rental Expense

Polling Expense

Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel In District

Travel Out Of District

Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **11** 2 FILER NAME: **ANGELA WIERZBICKI** 3 Filer ID (Ethics Commission Filers)

4 Date: **01/17/2025** 5 Payee name: **East Fort Bend Human Needs Ministries**

6 Amount (\$): **67.42** 7 Payee address: **435 Stafford Run Rd, Stafford, TX 77477** City: State: Zip Code

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): **DONATION** (b) Description: **CHILI COOKOFF**

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.

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

Date: **01/23/2025** Payee name: **Playbook Sports Bar & Grill**

Amount (\$): **676.22** Payee address: **3434 FM 1092 Rd #300, Missouri City, TX 77459** City: State: Zip Code

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **EVENT EXPENSE** Description: **KICK-OFF EVENT**

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.

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

Date: **01/27/2025** Payee name: **Fort Bend Education Foundation**

Amount (\$): **367.50** Payee address: **16431 Lexington Blvd., Sugar Land, TX 77479** City: State: Zip Code

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **DONATION** Description: **GALA EVENT**

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Accounting/Banking

Consulting Expense

Contributions/Donations Made By

Candidate/Officeholder/Political Committee

Credit Card Payment

Event Expense

Fees

Food/Beverage Expense

Gift/Awards/Memorials Expense

Legal Services

Loan Repayment/Reimbursement

Office Overhead/Rental Expense

Poling 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:

11

2 FILER NAME

ANGELA WIERZBICKI

3 Filer ID (Ethics Commission Filers)

4 Date

01/27/2025

5 Payee name

Messina Hof Harvest Green

6 Amount (\$)

902.86

7 Payee address:

8921 Harlem Rd, Richmond, TX 77406

City:

State:

Zip Code

8

PURPOSE  
OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

EVENT EXPENSE

(b) Description

KICK-OFF EVENT

(c) Check if travel outside of Texas. Complete Schedule T

Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

02/03/2025

Payee name

ZOOM

Amount (\$)

17.05

Payee address:

55 N Almaden Blvd, San Jose, CA 95113

City:

State:

Zip Code

PURPOSE  
OF  
EXPENDITURE

Category (See Categories listed at the top of this schedule)

OTHER

Description

PRO ACCOUNT DIGITAL COMMUNICATIONS

Check if travel outside of Texas. Complete Schedule T

Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

02/05/2025

Payee name

Felicia Thomas

Amount (\$)

250.00

Payee address:

3311 Raleigh Row, Missouri City, TX 77459

City:

State:

Zip Code

PURPOSE  
OF  
EXPENDITURE

Category (See Categories listed at the top of this schedule)

DONATION

Description

EVENT

Check if travel outside of Texas. Complete Schedule T

Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expenses  
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 <b>11</b>		2 FILER NAME <b>ANGELA WIERZBICKI</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>02/07/2025</b>		5 Payee name <b>CHUY'S</b>			
6 Amount (\$) <b>123.59</b>		7 Payee address: <b>320 Hwy 6, Sugar Land, TX 77478</b>		City:	State: Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE EXPENSE</b>		(b) Description <b>CONSTITUENTS LISTENING EVENT</b>		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>02/18/2025</b>		Payee name <b>The Exchange Club of Sugar Land</b>			
Amount (\$) <b>41.36</b>		Payee address: <b>4800 Sugar Grove Boulevard #100, Stafford, TX 77477</b>		City:	State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION</b>		Description <b>EVENT TICKETS</b>		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>02/19/2025</b>		Payee name <b>Texas Campaigns</b>			
Amount (\$) <b>700.00</b>		Payee address: <b>9600 Glenfield Court #148, Houston, TX 77096</b>		City:	State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>		Description		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Accounting/Bookkeeping

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

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

11

2 FILER NAME

ANGELA WIERZBICKI

3 Filer ID (Ethics Commission Filers)

4 Date

02/20/2025

5 Payee name

Summer Moon Café

6 Amount (\$)

6.07

7 Payee address:

City:

State:

Zip Code

9600 Glenfield Court, Missouri City, TX 77459

8

PURPOSE  
OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

FOOD/BEVERAGE EXPENSE

(b) Description

CONSTITUENT MEETING

(c) Check if travel outside of Texas. Complete Schedule T

Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

02/24/2025

Payee name

ADOBE

Amount (\$)

32.46

Payee address:

City:

State:

Zip Code

345 Park Avenue, San Jose, CA 95110

PURPOSE  
OF  
EXPENDITURE

Category (See Categories listed at the top of this schedule)

OTHER

Description

DIGITAL COMMUNICATIONS

Check if travel outside of Texas. Complete Schedule T

Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

02/26/2025

Payee name

Fort Bend Chamber of Commerce

Amount (\$)

60.00

Payee address:

City:

State:

Zip Code

445 Commerce Green Blvd., Sugar Land, TX 77478

PURPOSE  
OF  
EXPENDITURE

Category (See Categories listed at the top of this schedule)

OTHER

Description

EVENT TICKET

Check if travel outside of Texas. Complete Schedule T

Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 **11** 2 FILER NAME **ANGELA WIERZBICKI** 3 Filer ID (Ethics Commission Filers)

4 Date **03/04/2025** 5 Payee name **The Write Idea**

6 Amount (\$) **1,250.00** 7 Payee address, City, State, Zip Code **2926 Angel Mist Lane, Rosenberg, TX 77471**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **CONSULTING EXPENSE** (b) Description  
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date **03/05/2025** Payee name **USPS**

Amount (\$) **58.55** Payee address, City, State, Zip Code **1902 Texas Pkwy, Missouri City, TX 77489**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **OTHER** Description **POSTCARD STAMPS**  
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date **03/06/2025** Payee name **Mailchimp**

Amount (\$) **21.32** Payee address, City, State, Zip Code **405 North Angier Avenue North East, Atlanta, GA 30308**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **ADVERTISING EXPENSE** Description **DIGITAL COMMUNICATIONS**  
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **11** 2 FILER NAME  
**ANGELA WIERZBICKI** 3 Filer ID (Ethics Commission Filers)

4 Date  
**03/10/2025** 5 Payee name  
**The Exchange Club of Sugar Land**

6 Amount (\$)  
**50.00** 7 Payee address: City: State: Zip Code  
**4800 Sugar Grove Boulevard #100, Stafford, TX 77477**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule)  
**DONATION EXPENSE** (b) Description  
**EVENT DONATION**

(c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense  
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name  
**03/10/2025** **AMAZON**  
Amount (\$)  
**31.39** Payee address: City: State: Zip Code  
**410 TERRY AVE N, SEATTLE, WASHINGTON 98109**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)  
**OTHER** Description  
**PRINTER INK/OFFICE SUPPLIES**

Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense  
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name  
**03/14/2025** **M3 GRAPHICS**  
Amount (\$)  
**2,297.39** Payee address: City: State: Zip Code  
**11730 Wilcrest Dr, Houston, TX 77099**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)  
**ADVERTISING EXPENSE** Description  
**DOOR HANGERS & SIGNS**

Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense  
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## 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 **11** 2 FILER NAME **ANGELA WIERZBICKI** 3 Filer ID (Ethics Commission Filers)

4 Date **03/17/2025** 5 Payee name **Big Frog Custom T-Shirt**

6 Amount (\$) **323.15** 7 Payee address: **16535 Lexington Blvd #150, Sugar Land, TX 77479** City: State: Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **OTHER** (b) Description **VOLUNTEER T-SHIRTS**  
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date **03/21/2025** Payee name **Texas Campaigns**

Amount (\$) **700.00** Payee address: **9600 Glenfield Court #148, Houston, TX 77096** City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **CONSULTING EXPENSE** Description  
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date **03/24/2025** Payee name **OFF THE VINE**

Amount (\$) **88.74** Payee address: **4220 Cartwright Rd #701, Missouri City, TX 77459** City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **EVENT EXPENSE** Description **VOLUNTEER MEETING**  
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## 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 <b>11</b>	2 FILER NAME <b>ANGELA WIERZBICKI</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>03/24/2025</b>	5 Payee name <b>USPS</b>
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6 Amount (\$) <b>511.00</b>	7 Payee address, City, State, Zip Code <b>3130 Grants Lake Blvd, Sugar Land, TX 77479</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>OTHER</b>	(b) Description <b>STAMPS</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/24/2025</b>	Payee name <b>Branding Matters</b>
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Amount (\$) <b>335.00</b>	Payee address, City, State, Zip Code <b>8034 Hwy 90 #100, Sugar Land, TX 77478</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <b>VOLUNTEER T-SHIRTS</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/24/2025</b>	Payee name <b>ADOBE</b>
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Amount (\$) <b>32.00</b>	Payee address, City, State, Zip Code <b>345 Park Avenue, San Jose, CA 95110</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <b>DIGITAL COMMUNICATIONS</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorabilia 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: **11** 2 FILER NAME: **ANGELA WIERZBICKI** 3 Filer ID (Ethics Commission Filers):

4 Date: **03/24/2025** 5 Payee name: **JANIE LEYVA**

6 Amount (\$): **160.00** 7 Payee address: **2617 YORKTOWN LN, MISSOURI CITY, TX 77459** City: State: Zip Code:

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): **CONTRACT LABOR** (b) Description: **CLERICAL DUTIES**  
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.

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

Date: **03/24/2025** Payee name: **Texas Campaigns**

Amount (\$): **171.33** Payee address: **9600 Glenfield Court #148, Houston, TX 77096** City: State: Zip Code:

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **ADVERTISING EXPENSE** Description: **SIGN STAKES**  
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.

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

Date: **03/25/2025** Payee name: **M3 Graphics**

Amount (\$): **253.31** Payee address: **11730 Wilcrest Dr, Houston, TX 77099** City: State: Zip Code:

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **ADVERTISING EXPENSE** Description: **SIGNS**  
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 2(a)

Advertising Expense  
Accounting/Printing  
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: <b>11</b>		2 FILER NAME <b>ANGELA WIERZBICKI</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/25/2025</b>		5 Payee name <b>STRIPE</b>			
6 Amount (\$) <b>392.80</b>		7 Payee address: City: State: Zip Code <b>354 Oyster Point Boulevard South, San Francisco, CA 94080</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>		(b) Description <b>BANK TRANSATION FEES</b>		
	(c) Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>03/27/2025</b>		Payee name <b>Willowridge High School</b>			
Amount (\$) <b>100.00</b>		Payee address: City: State: Zip Code <b>P.O. Box 1527, Missouri City, TX 77459</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION</b>		Description <b>WALL OF HONOR</b>		
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address: City: State: Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address: City: State: Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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