

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: 15

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

3

31

25

THROUGH

Month

Day

Year

6

30

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)

FORT BEND ISD POSITION 7

13 OFFICE SOUGHT (if known)

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)	\$ 150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,045.47
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,259.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1337.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 125.00

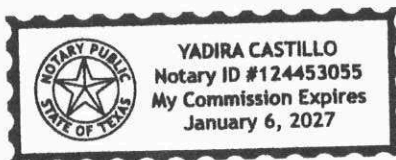
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Angela Wierzbicki

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Angela Wierzbicki this the 15 day of July, 2025, to certify which, witness my hand and seal of office.

Yadira Castillo Yadira Castillo Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(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	\$ 2,045.47
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,259.00
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: 5
2 FILER NAME ANGELA WIERZBICKI		3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Michael Khandelwal 6 Contributor address; City; State; Zip Code 635 West Princess Anne Road, Norfolk, VA 23517	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Executive director		9 Employer (See Instructions) The Muse Writers Center
Date 04/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Dylan Russell Contributor address; City; State; Zip Code 4518 Pebblestone Drive, Missouri City, TX 77459	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sorrels Law
Date 04/23/2025	Full name of contributor out-of-state PAC (ID#: _____) Christina Saunders Contributor address; City; State; Zip Code 2502 Ashby Forest Drive, Missouri City, TX 77459	Amount of contribution (\$) 104.70
Principal occupation / Job title (See Instructions) WRITER		Employer (See Instructions) SELF EMPLOYED
Date 04/23/2025	Full name of contributor out-of-state PAC (ID#: _____) Evgeniya Sukhova Contributor address; City; State; Zip Code 4507 Morning Cloud Lane, Sugar Land, TX 77479	Amount of contribution (\$) 100.00
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

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: 5

2 FILER NAME

ANGELA WIERZBICKI

3 Filer ID (Ethics Commission Filers)

4 Date

04/23/2025

5 Full name of contributor

out-of-state PAC (ID#: _____)

CHRISTEN WATSON HELLER

7 Amount of contribution (\$)

52.51

6 Contributor address;

City;

State;

Zip Code

9710 Harrison Lane, Missouri City, TX 77459

8 Principal occupation / Job title (See Instructions)

Medicare Broker

9 Employer (See Instructions)

SELF EMPLOYED

Date

04/24/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Cori Stevenson

Amount of contribution (\$)

21.19

Contributor address;

City;

State;

Zip Code

3518 London Lane, Missouri City, TX 77459

Principal occupation / Job title (See Instructions)

Houston Shakespeare Festival

Employer (See Instructions)

U OF H

Date

04/27/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Charles Sanders

Amount of contribution (\$)

261.27

Contributor address;

City;

State;

Zip Code

5614 Dairybrook Cove, Sugar Land, TX 77479

Principal occupation / Job title (See Instructions)

BUSINEES DEVELOPMENT

Employer (See Instructions)

Air Liquide

Date

04/27/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Tierra Piens

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

10022 Regal Bend Drive, Missouri City, TX 77459

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Orrick, Herrington and Sutcliffe LLP

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: 5
2 FILER NAME ANGELA WIERZBICKI		3 Filer ID (Ethics Commission Filers)
4 Date 04/27/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Donna Ellis 6 Contributor address; City; State; Zip Code 13910 Placid Wood Court, Sugar Land, TX 77498	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions) Organizational Development Consultant		9 Employer (See Instructions)
Date 04/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Thomas and Helen Hauber Contributor address; City; State; Zip Code 2931 Burning Tree Lane, Missouri City, TX 77459	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 04/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Don and Penny Johnson Contributor address; City; State; Zip Code 3443 Oyster Cove Drive, Missouri City, TX 77459	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 04/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Celia Troxell Contributor address; City; State; Zip Code 3002 Cherry Springs Drive, Missouri City, TX 77459	Amount of contribution (\$) 100.00
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**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: 5
2 FILER NAME ANGELA WIERZBICKI		3 Filer ID (Ethics Commission Filers)
4 Date 04/28/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Sara Ahmed 6 Contributor address; City; State; Zip Code 4107 Houghton Court, Sugar Land, TX 77479	7 Amount of contribution (\$) 21.19
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/01/2025	Full name of contributor out-of-state PAC (ID#: _____) Ben Combee Contributor address; City; State; Zip Code 2012 Vallejo Street, Austin, TX 78757	Amount of contribution (\$) 52.51
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) ROKU
Date 05/02/2025	Full name of contributor out-of-state PAC (ID#: _____) Eliz Markowitz Contributor address; City; State; Zip Code 24111 Haywards Crossing Ln, Katy, TX 77494	Amount of contribution (\$) 104.70
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) U OF H
Date 05/04/2025	Full name of contributor out-of-state PAC (ID#: _____) Susannah Rolf Contributor address; City; State; Zip Code 3119 Tanner Dell Ct, Missouri City, TX 77459	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions) Clinical Social Worker		Employer (See Instructions) LYRA
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: 5

2 FILER NAME

ANGELA WIERZBICKI

3 Filer ID (Ethics Commission Filers)

4 Date

05/05/2025

5 Full name of contributor

out-of-state PAC (ID#: _____)

LuAnn York

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

05/05/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Wendy Bethancourt

Amount of contribution (\$)

21.19

Contributor address;

City;

State;

Zip Code

10322 Deer Lodge Court, Missouri City, TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/19/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Maruthi Devarakonda

Amount of contribution (\$)

104.42

Contributor address;

City;

State;

Zip Code

24111 Haywards Crossing Ln, Katy, TX 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Director

Baker Hughes

Date

06/19/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Maruthi Devarakonda

Amount of contribution (\$)

104.42

Contributor address;

City;

State;

Zip Code

3119 Tanner Dell Ct, Missouri City, TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Director

Baker Hughes

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
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:	2 FILER NAME ANGELA WIERZBICKI	3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2025	5 Payee name TextByChoice	
6 Amount (\$) 303.00	7 Payee address; City; State; Zip Code 503 East Jackson Street, Suite 109, Tampa, FL 33602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description Text Messaging
	(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 04/21/2025	Payee name Texas Campaigns	
Amount (\$) 700.00	Payee address; City; State; Zip Code 9600 Glenfield Court, Suite 148, Houston, TX 77096	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	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	Candidate / Officeholder name	Office sought Office held
Date 04/23/2025	Payee name TextByChoice	
Amount (\$) 325.00	Payee address; City; State; Zip Code 503 East Jackson Street, Suite 109, Tampa, FL 33602	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description Text Messaging
	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:		2 FILER NAME ANGELA WIERZBICKI		3 Filer ID (Ethics Commission Filers)	
4 Date 04/23/2025		5 Payee name Branding Matters			
6 Amount (\$) 100.47		7 Payee address; City; State; Zip Code 8034 Hwy 90 Alt, Suite 100, Sugar Land, TX 77478			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description VOLUNTEER T-SHIRTS		
	(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 04/25/2025		Payee name Adobe			
Amount (\$) 25.00		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 OFFICE SUPPLIES - DIGITAL COMMUNICATIONS		
	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 04/25/2025		Payee name JANIE LEYVA			
Amount (\$) 110.00		Payee address; City; State; Zip Code 2617 Yorktown Lane, Missouri City, TX 77459			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR		Description CLERICAL SERVICES		
	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:	2 FILER NAME ANGELA WIERZBICKI	3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2025	5 Payee name Katherine DeFoor	
6 Amount (\$) 123.00	7 Payee address; City; State; Zip Code 3127 Stratford Bend Dr, Sugar Land, TX 77498	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLLING EXPENSE	(b) Description CANVASSING
	(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 04/25/2025	Payee name M3 Graphics	
Amount (\$) 400.53	Payee address; City; State; Zip Code 11730 Wilcrest Drive, Houston, TX 77099	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description PUSH CARDS PRINTING
	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 04/28/2025	Payee name CVS Pharmacy	
Amount (\$) 25.38	Payee address; City; State; Zip Code 4523 LJ Parkway, Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLLING EXPENSE	Description SUPPLIES
	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:		2 FILER NAME ANGELA WIERZBICKI		3 Filer ID (Ethics Commission Filers)	
4 Date 04/28/2025		5 Payee name Katherine DeFoor			
6 Amount (\$) 72.00		7 Payee address; 3127 Stratford Bend Dr, Sugar Land, TX 77498 City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLLING EXPENSE		(b) Description CANVASSING		
	(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 05/01/2025		Payee name Dollar Tree			
Amount (\$) 5.41		Payee address; 3420 Hwy 6, Sugar Land, TX 77479 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLLING EXPENSE		Description SUPPLIES		
	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 05/05/2025		Payee name TextByChoice			
Amount (\$) 800.00		Payee address; 503 East Jackson Street, Suite 109, Tampa, FL 33602 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description TEXT MESSAGING		
	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:		2 FILER NAME ANGELA WIERZBICKI		3 Filer ID (Ethics Commission Filers)	
4 Date 05/05/2025		5 Payee name Steele Political			
6 Amount (\$) 1,600.00		7 Payee address; City; State; Zip Code 5723 Moonflower Ave, Richmond, TX 77469			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		(b) Description CONSULTING		
	(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 05/05/2025		Candidate / Officeholder name Center Court Pizza & Brew			
Amount (\$) 422.51		Payee address; City; State; Zip Code 3420 Hwy 6, Sugar Land, TX 77479			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description WATCH PARTY		
	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 05/06/2025		Candidate / Officeholder name Mailchimp			
Amount (\$) 21.31		Payee address; City; State; Zip Code 405 N Angier Ave NE, Atlanta, GA 30308			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description DIGITAL COMMUNICATIONS		
	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:		2 FILER NAME ANGELA WIERZBICKI		3 Filer ID (Ethics Commission Filers)	
4 Date 05/27/2025		5 Payee name H-E-B			
6 Amount (\$) 81.16		7 Payee address; City; State; Zip Code 4724 Hwy 6, Missouri City, TX 77459			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverages		(b) Description VOLUNTEER THANK YOU		
	(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 05/27/2025		Candidate / Officeholder name Day 6 Coffee			
Amount (\$) 20.23		Payee address; City; State; Zip Code 3227 Hwy 6, Sugar Land, TX 77478			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverages		Description WRAP UP MEETING		
	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 05/27/2025		Candidate / Officeholder name USPS			
Amount (\$) 39.20		Payee address; City; State; Zip Code 1902 Texas Parkway, 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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	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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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:	2 FILER NAME ANGELA WIERZBICKI	3 Filer ID (Ethics Commission Filers)
4 Date 06/19/2025	5 Payee name STRIPE	
6 Amount (\$) 84.34	7 Payee address; City; State; Zip Code 354 Oyster Point Boulevard South, San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description BANK TRANSACTION FEES
	(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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		