

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00090501	<b>2</b> Total pages filed: 17
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Jennifer M MI	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 07/17/2023	
	NICKNAME LAST Virden SUFFIX		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 8307 High Oak DR  Austin, TX 78759		Date Hand-delivered or Date Postmarked
			Receipt #      Amount
			Date Processed
			Date Imaged
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Robin MI	<b>OFFICE USE ONLY</b> Date Hand-delivered or Date Postmarked	
	NICKNAME LAST Coopwood SUFFIX		
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4408 Spicewood Springs RD  Austin, TX 78759		
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (512) 415-6772		
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
<b>9</b> PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year 01/01/2023      06/30/2023		
<b>10</b> ELECTION	ELECTION DATE Month      Day      Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
<b>11</b> OFFICE	OFFICE HELD (if any)		<b>12</b> OFFICE SOUGHT (if known)

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 17

<b>13 C / OH NAME</b> Virden, Jennifer M	<b>14 Filer ID</b> (Ethics Commission Filers) 00090501
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b> <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.										
<table border="1" style="width:100%"> <tr> <td style="width:20%"><b>COMMITTEE TYPE</b></td> <td><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td></td> <td><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>			
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>									
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>									
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>									
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>										

<b>16 CONTRIBUTION TOTALS</b>	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,905.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	5,981.40
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	949.69
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	75,500.00

**17 AFFIDAVIT**

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

Jennifer M Virden  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

3 of 17

<b>18 FILER NAME</b> Viriden, Jennifer M		<b>19 Filer ID</b> (Ethics Commission Filers) 00090501
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,905.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,981.40
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 4/17
<b>2</b> FILER NAME Virden, Jennifer M		<b>3</b> Filer ID (Ethics Commission Filers) 00090501
<b>4</b> Date 02/14/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Firefighters Assn PAC	<b>7</b> Amount of Contribution (\$) \$450.00
	<b>6</b> Contributor address; City; State; Zip Code 7537 Cameron RD  Austin , TX 78752	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Rowland	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 3406 Menchaca RD  Austin, TX 78704	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bula, Gerry	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 2108 Trail of Madrones  Austin , TX 78746	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chastain, Stephen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 3501 Peregrine Falcon DR  Austin, TX 78746	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 02/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Kim	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code 4205 Woodway DR  Austin, TX 78731	
Principal occupation / Job title (See Instructions) EA		Employer (See Instructions) UT

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/17
2 FILER NAME Virden, Jennifer M		3 Filer ID (Ethics Commission Filers) 00090501
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cocco, Catherine	7 Amount of Contribution (\$)  \$450.00
	6 Contributor address; City; State; Zip Code 5609 Spurflower DR  Austin , TX 78759	
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) IBM
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cocco, Gerard	Amount of Contribution (\$)  \$450.00
	Contributor address; City; State; Zip Code 5609 Spurflower DR  Austin , TX 78759	
Principal occupation / Job title (See Instructions) SW Developer		Employer (See Instructions) gCocco Software
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deacutis , John A.	Amount of Contribution (\$)  \$40.00
	Contributor address; City; State; Zip Code 4807 Palisades DR  Austin , TX 78731	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Nancy	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code 3905 Sidehill Path  Austin, TX 78731	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 04/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gresser, Steven	Amount of Contribution (\$)  \$20.00
	Contributor address; City; State; Zip Code 5712 Barker Ridge DR  Austin, TX 78759	
Principal occupation / Job title (See Instructions) Medical		Employer (See Instructions) AAG

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 6/17
<b>2</b> FILER NAME Virden, Jennifer M		<b>3</b> Filer ID (Ethics Commission Filers) 00090501
<b>4</b> Date 02/19/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hance, Trevor <hr/> <b>6</b> Contributor address; City; State; Zip Code 9407 Braeburn Glen ST  Austin, TX 78729	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) State of Texas
Date 02/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Healey, Patrick <hr/> Contributor address; City; State; Zip Code 5201 Buffalo Pass  Austin , TX 78745	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) COA
Date 02/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Inman, Bobby R. <hr/> Contributor address; City; State; Zip Code 3200 Riva Ridge RD  Austin , TX 78746	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnstone, James <hr/> Contributor address; City; State; Zip Code 4007 Bunny Run  Austin, TX 78746	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mathias, Matt <hr/> Contributor address; City; State; Zip Code 3660 Stoneridge RD Bldg E. Austin, TX 78746	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Focus Properties

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/17
<b>2</b> FILER NAME Virden, Jennifer M		<b>3</b> Filer ID (Ethics Commission Filers) 00090501
<b>4</b> Date 02/14/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, James	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code 3302 Riva Ridge RD  Austin, TX 78746		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norris, Howard	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code 1007 Walter St  Austin , TX 78702		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsons, Bradley	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code 3571 Far West BLVD  Austin, TX 78731		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pender, Jeffrey	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code 904 West Ave  Austin, TX 78701		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 02/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Rebecca	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code 3104 Stoneway DR  Austin , TX 78757		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 8/17
<b>2</b> FILER NAME Virden, Jennifer M		<b>3</b> Filer ID (Ethics Commission Filers) 00090501
<b>4</b> Date 02/14/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rozycki, Dan <hr/> <b>6</b> Contributor address; City; State; Zip Code 6207 Nasco DR  Austin, TX 78757	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) Transtec
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Russell, Susan Combs <hr/> Contributor address; City; State; Zip Code 10601 Floral Park DR  Austin, TX 78759	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryder, Peggy <hr/> Contributor address; City; State; Zip Code 2805 Robbs Run  Austin, TX 78703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryder, Peggy <hr/> Contributor address; City; State; Zip Code 2805 Robbs Run  Austin, TX 78703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryder, Peggy <hr/> Contributor address; City; State; Zip Code 2805 Robbs Run  Austin, TX 78703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/17
<b>2</b> FILER NAME Virden, Jennifer M		<b>3</b> Filer ID (Ethics Commission Filers) 00090501
<b>4</b> Date 02/14/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spoor, Jerry <hr/> <b>6</b> Contributor address; City; State; Zip Code 7904 Woodcroft DR  Austin, TX 78749	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) NA
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor , Yvonne <hr/> Contributor address; City; State; Zip Code 4807 Palisade DR  Austin , TX 78731	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 02/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson , Meg <hr/> Contributor address; City; State; Zip Code 2005 Arthur LN  Austin , TX 78704	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/8 Rpt: 10/17	<b>2</b> FILER NAME Virden, Jennifer M	<b>3</b> Filer ID (Ethics Commission Filers) 00090501
<b>4</b> Date 06/30/2023	<b>5</b> Payee name Anedot, Inc.	
<b>6</b> Amount (\$) \$71.70	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras ST Suite 1770 New Orleans, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fees in this reporting period.
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2023	Payee name Constant Contact	
Amount (\$) \$133.25	Payee address; City; State; Zip Code 3675 Precision DR  Loveland, CO 80538	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Email.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For loan repayment contacts.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/22/2023	Payee name Constant Contact	
Amount (\$) \$133.25	Payee address; City; State; Zip Code 3675 Precision DR  Loveland, CO 80538	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Email.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For loan repayment contacts.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/8 Rpt: 11/17	<b>2</b> FILER NAME Virden, Jennifer M	<b>3</b> Filer ID (Ethics Commission Filers) 00090501
<b>4</b> Date 03/22/2023	<b>5</b> Payee name Constant Contact	
<b>6</b> Amount (\$) \$69.29	<b>7</b> Payee address; City; State; Zip Code 3675 Precision DR  Loveland, CO 80538	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Email.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For loan repayment contacts.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 04/22/2023	Payee name Constant Contact	
Amount (\$) \$69.29	Payee address; City; State; Zip Code 3675 Precision DR  Loveland, CO 80538	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Email.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For loan repayment contacts.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 05/22/2023	Payee name Constant Contact	
Amount (\$) \$69.29	Payee address; City; State; Zip Code 3675 Precision DR  Loveland, CO 80538	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Email.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For loan repayment contacts.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/8 Rpt: 12/17	<b>2</b> FILER NAME Virden, Jennifer M	<b>3</b> Filer ID (Ethics Commission Filers) 00090501
<b>4</b> Date 06/22/2023	<b>5</b> Payee name Constant Contact	
<b>6</b> Amount (\$) \$69.29	<b>7</b> Payee address; City; State; Zip Code 3675 Precision DR  Loveland, CO 80538	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Email.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For loan repayment contacts.
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/13/2023	Payee name Moonshot Marketers, LLC	
Amount (\$) \$450.00	Payee address; City; State; Zip Code 3736 Broderick St.  San Francisco, CA 94123	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Website.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reconfigure website for loan repayment.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/16/2023	Payee name The UPS Store	
Amount (\$) \$192.00	Payee address; City; State; Zip Code 8127 Mesa DR Suite B206 Austin, TX 78759	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Mailbox.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For loan repayment correspondence.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 4/8 Rpt: 13/17	<b>2</b>	FILER NAME Virden, Jennifer M	<b>3</b>	Filer ID (Ethics Commission Filers) 00090501	
<b>4</b>	Date 06/23/2023	<b>5</b>	Payee name Virden, Jennifer			
<b>6</b>	Amount (\$) \$4,500.00	<b>7</b>	Payee address; City; State; Zip Code 8307 High Oak Dr.  Austin , TX 78759			
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Partial Repayment of my loan to my campaign.			
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 01/17/2023		Payee name Wix			
	Amount (\$) \$30.31		Payee address; City; State; Zip Code 500 Terry A. Francois BLVD 6th Floor San Francisco, CA 94158			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Website.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For loan repayment.			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 01/20/2023		Payee name Wix			
	Amount (\$) \$7.03		Payee address; City; State; Zip Code 500 Terry A. Francois BLVD 6th Floor San Francisco, CA 94158			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Website.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For loan repayment.			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/8 Rpt: 14/17	<b>2</b> FILER NAME Virden, Jennifer M	<b>3</b> Filer ID (Ethics Commission Filers) 00090501
<b>4</b> Date 02/17/2023	<b>5</b> Payee name Wix	
<b>6</b> Amount (\$) \$30.31	<b>7</b> Payee address; City; State; Zip Code 500 Terry A. Francois BLVD 6th Floor San Francisco, CA 94158	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Website.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For loan repayment.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2023	Payee name Wix	
Amount (\$) \$7.03	Payee address; City; State; Zip Code 500 Terry A. Francois BLVD 6th Floor San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Website.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For loan repayment.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/17/2023	Payee name Wix	
Amount (\$) \$30.31	Payee address; City; State; Zip Code 500 Terry A. Francois BLVD 6th Floor San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Website.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For loan repayment.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/8 Rpt: 15/17	<b>2</b> FILER NAME Virden, Jennifer M	<b>3</b> Filer ID (Ethics Commission Filers) 00090501
<b>4</b> Date 03/20/2023	<b>5</b> Payee name Wix	
<b>6</b> Amount (\$) \$7.03	<b>7</b> Payee address; City; State; Zip Code 500 Terry A. Francois BLVD 6th Floor San Francisco, CA 94158	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Website.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For loan repayment.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2023	Payee name Wix	
Amount (\$) \$30.31	Payee address; City; State; Zip Code 500 Terry A. Francois BLVD 6th Floor San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Website.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For loan repayment.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/20/2023	Payee name Wix	
Amount (\$) \$7.03	Payee address; City; State; Zip Code 500 Terry A. Francois BLVD 6th Floor San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Website.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For loan repayment.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/8 Rpt: 16/17	<b>2</b> FILER NAME Virden, Jennifer M	<b>3</b> Filer ID (Ethics Commission Filers) 00090501
<b>4</b> Date 05/17/2023	<b>5</b> Payee name Wix	
<b>6</b> Amount (\$) \$30.31	<b>7</b> Payee address; City; State; Zip Code 500 Terry A. Francois BLVD 6th Floor San Francisco, CA 94158	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Website.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For loan repayment.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/20/2023	Payee name Wix	
Amount (\$) \$7.03	Payee address; City; State; Zip Code 500 Terry A. Francois BLVD 6th Floor San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Website.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For loan repayment.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/17/2023	Payee name Wix	
Amount (\$) \$30.31	Payee address; City; State; Zip Code 500 Terry A. Francois BLVD 6th Floor San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Website.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For loan repayment.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/8 Rpt: 17/17	<b>2</b> FILER NAME Virden, Jennifer M	<b>3</b> Filer ID (Ethics Commission Filers) 00090501
<b>4</b> Date 06/20/2023	<b>5</b> Payee name Wix	
<b>6</b> Amount (\$) \$7.03	<b>7</b> Payee address; City; State; Zip Code 500 Terry A. Francois BLVD 6th Floor San Francisco, CA 94158	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Website.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For loan repayment.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held