2-26 Prescribed by Secretary of State Section 141.031, Chapters 143 and 144, Texas Election Code 09/2021

# APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

LINFORMATION IS REQUIRED TO BE PROVID	ED UNLESS INC	CATED A	AS OPTIONA	\L¹ Failure to	provide requir	ed information	n may result in	rejection of applica
APPLICATION FOR A PLACE	ON THE K	eller iS	D Board o	of Trustee	S			ON BALLOT
TO: City Secretary/Secretary of Board				election)				
I request that my name be placed on th	e above-nami	ed offici	al ballot as	a candidat	e for the office	e indicated be	elow.	
OFFICE SOUGHT (Include any place num	ber or other	distingu	ilshing nur	ber, if any.		TERM		
Board of Trustees, Place 4					FULL		UNEXPIR	ED
FULL NAME (First, Middle, Last)				PRINT NA	ME AS YOU W	ANT IT TO AP	PEAR ON THE	BALLOT*
Haley Carolyn Taylor Schlitz				Haley Ta	ylor Schlitz			
PERMANENT RESIDENCE ADDRESS (Do not	include a P.O. E	Box or Rui	ral Route, if	PUBLIC M	AILING ADDRE	SS (Optional)	[Address for wh	ich vou racalus
you do not have a residence address, describe i 201 Town Center Lane, Apartm	ocation of resid	ence.)		campaign r	elated correspon	dence, if availa	ble.)	ical you receive
СПУ	STATE	ZIP		CITY			STATE	ZIP
Keller	TX	7624	48					
Dilili if Essai Annece (o								i.
PUBLIC EMAIL ADDRESS (Optional) (Address which you receive campaign related emails, if available	s for OCCUP	'ATION (	Do not leav	re blank)	DATE OF BIR	TH		TRATION VUID
haleyforschoolboard@gmail.com	Teacl	her					NUMBER <sup>2</sup> (0 21697555	
TELEPHONE CONTACT INFORMATION (OP							21037000	714
Home:		fice:				. "		
ELONY CONVICTION STATUS (You MUST	check one)	nce.	LENGTH	OF CONTINI	IOUS RESIDENC	Cell:	THIS ADDITION	ION WAS SWORN
I have not been finally convicted of a	felony.			HE STATE O				PRECINCT FROM
l have been finally convicted of a felor	nv. but i have i	been				WHICH THE	OFFICE SOUG	HT IS ELECTED
pardoned or otherwise released from	the resulting	- 1		<u>13</u> <sub>y</sub>	ear(s)		12	ear(s)
disabilities of that felony conviction ar	nd I have provi	ided		9 .			0	9.00
proof of this fact with the submission	of this applica	tion.3			nonth(s)		<u> </u>	ionth(s)
If using a nickname as part of your name to	o appear on th	ie ballot,	, you are als	o signing an	d swearing to	the following	statements: I f	urther swear that
ny nickname does not constitute a slogan een commonly known by this nickname for lection Code regarding the rules for how n	VI CUIICAIN A I	ilie. nor	anes it ind	icato a naile	cal acanamia	cocini au1	<b>i — 1</b> —	COLL SE C. S.
lection Code regarding the rules for how n	ames may be	listed on	the official	election. Pi   hallot	ease review se	ctions 52.031,	. 52.032 and 52	.033 of the Texas
					. Holov Ca	raive Terde	a Oalalitas	
efore me, the undersigned authority, on the eing by me here and now duly sworn, upon	no oay person	ану арре	eared (name	e of candida	te) Haley Ca	uoiyii tayio	r Schiltz	, who
(name of candidate) Haley Carolyn T	aylor Schlit	Z		of Tarran	ıt			
eing a candidate for the office of Kelle								, Texas,
ws of the United States and of the State of	fTexas, lam	a ritizen	of the link	ad States of				Constitution and
current meshacitates airtical fits LISH for	vote. I am aw	are of th	ie nepotism	t Jaw. Chant	er 573. Govern	ment Code	I am auseo the	
ny prior felony conviction, and if so convict ny such final felony conviction. I am aware	eu, must prov • that knowin:	rae proo	if that I have	e been pard Stormatics	oned or otherv	vise released :	from the result	ing disabilities of
atus constitutes a Class B misdemeanor. 1	further swear	that the	foregoing s	mormation tatements i	on the applica	tion regarding	g my possible i	elony conviction
			X	Ha	less 1		e m an tilliga t	de and correct.
			SI	GNATURE	OF CANDIDA	TF		
orn to and subscribed before me this the	17 424.06	FPIN	ruary		23 by t	101 . 00	volum To	vilor Schlit
our to the subscribed beloff the this fife	(day)		(month)		year boy 1			<del>, , , , , , , , , , , , , , , , , , , </del>
narina Ultre a	)		(money	,		MARI	me_of_candidat VA ULTRERAS blic, State of Tex	7
nature of Officer Authorized to Administe	r Oath4			Printe	N the daff	Cer Authorize	resident France	Oath
10 Specialist					TO STATE		mber 12, 2024 Y ID 13277783-2	5
le of Officer Authorized to Administer Oat	h	<del>-</del>			No			
BE COMPLETED BY FILING OFFICER: THE		ION IS A	CCOMPAN	IIFD BY TU	F REOLURED E	ILING FEE /IF	Applicable) D	AID RV:
CASH CHECK MONEY ORDER	CASHIERS	HECK OF	R PETIT	JON IN HE	LOF A FILING	FEE.	Applicable   P	THE MIS
is document and \$ filing fee o				pages re			gistration Sta	tus Verified
A	_				M_ ~	2	<u> </u>	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>, 2013</u>	(See	Section 1.	007)	JOOV	conce	7	
ite Received Date Accepted	đ			Sign	nature of Filing	Officer or D	esignee	

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

Se	e CTA Instruction Guide for detailed instruction	ons.	1 Total pages filed:		
2 CANDIDATE NAME	Ms/MRS/MR FIRST  Ms Haley	C	OFFICE USE ONLY		
	NICKNAME LAST Taylor Schlitz	SUFFIX	Date Received		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY:  201 Town Center Lane,	STATE: ZIP CODE  Appart # 1411	Date Hand-delivered or Postmarked		
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER (469) - 968 -7239	EXTENSION	Receipt # Amount \$  Date Processed		
5 OFFICE HELD (if any)			Date Imaged		
8 OFFICE SOUGHT (If known)	Keller ISO BOARD OF TRUSTE	æs, Place 4			
7 CAMPAIGN TREASURER NAME	MR. William A	NICKNAME	Schlitz		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS:  APT / SUITE #:  1039 BRADETORD CT.	city: KELLER	STATE; ZIP CODE TX 76248		
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (469) - 968-7239	EXTENSION			
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Ch	apter 573 of the Te	exas Government Code.		
	l am aware of my responsibility to file timely reports as required by title 15 of the Election Code.				
	I am aware of the restrictions in title 1 from corporations and labor organiza	5 of the Election C tions.	ode on contributions		
	Signature of Candidate		72 /17   2023 Date Signed		
	GO TO PAGE	2			

		CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction C	Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 50
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR Ms.	FIRST Haley	мі С	OFFICE USE ONLY
NAME	NICKNAME	LAST Taylor Schlitz	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO. 201 Town C Keller, TX 7	enter Lane, Apt #1	CHY; STATE; ZIP CODE 411	
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(469 )	PHONE NUMBER 968-7239	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr.	William	Α	Date Processed
	NICKNAME	LAST <b>Schlitz</b>	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	I	(NO PO BOX PLEASE). APT / S ord Court, Keller, T		STATE, ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(469 )	PHONE NUMBER 968-7239	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year	THROUGH 3	Day Year <b>27 23</b>
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE	
	Month Day	Year Primary  23 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Keller ISD Board	d of Trustees, Place 4
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE ( OFFIC	EHULDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES MA	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR EY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO	PAGE 2	

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME Haley Taylor Schlitz	<b>16</b> Fi	der ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 16,736.53
EXPENDITURE TOTALS	3, TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,908.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,828.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	swear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	correct and includes all information
	and the second s	
	Herry Jo	
	Janes Jo	
	Signature of Candidate	e or Officeholder
	Please complete either option below:	
	•	
	CATHERINE WHITED	
(1) Affidavit	My Notary ID # 6447598	
(1) Allimatic	Expires June 17, 2026	
	"Marian"	
NOTARY STAMP/SEA	<u>-</u>	
	before me by Hatey Schltz this the 51	h Ahanil I
Sworn to and subscribed	before me by this the	day of
20 (L), to certify	which, witness my hand and seal of office.	•
Caste	in White catherine Whited	natain
Signature of officer administe		Title of officer admirpstering oath
		The of officer administering data
	OR	
(2) Unsworn Declarati	on	
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(month)	, 20
	(month)	(year)
	Signature of Candidate/Off	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19 H	9 FILERNAME 20 Filer ID (Ethics Commission Filers) Haley Taylor Schlitz			
200-20	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	16,736.53
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			5,908.46
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 CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

#### SCHEDULE A1

The	Instruction Guide explains how to	complete this	s form.		1 Total pages Schedule A1: 42_
2 FILER NAME Halen	Taylor Schlitz				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:		7 Amount of contribution (\$)
2/18/23	William Schlifz	-			10,00
1.01.3	6 Contributor address;	City;	State;	Zip Code	10,00
	1039 BRADFORD CAT	Karth	TX	76Z4R	
8 Principal occu	pation / Job title (See Instructions)		9 Emplo	oyer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
2 10 122	Carolino Sheaman				
2/19/23	Contributor address;	City;	State;	Zip Code	50, ∞
	1034 Canterburg Lane	Keller	TX	7648	
Principal occup	ration / Job title (See Instructions)		Emplo	oyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
D 14/12	Paula Edens		·		
2/19/23	Contributor address;	City;	State;		50. Ø
	913 Summertree W.	Southlake	e Tx	76092	-
Principal occup	eation / Job title (See Instructions)		Emplo	oyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:	)	Amount of contribution (\$)
	Kathy Landelario	Ų			
2/19/23	Contributor address;	City;		Zip Code	50. <sup>00</sup> /so
, ,	3045 Creekvicus Dents	Grapein	oe Ty	76051	20 i pos
Principal occup	ation / Job title (See Instructions)		Emplo	yer (See Instruct	ions)
	ATTACHADDITIO	NAL COPIES C	OF THIS SO	CHEDULE AS NI	EEDED
	If contributor is out-of-state PAC, p				

#### SCHEDULE A1

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

in the requested information is not applicable, be not include this page in the report.							
The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:						
2 FILER NAME	y Taylor Schlistz		3 Filer ID (Ethics Commission Filers)				
4 Date 2/19/23	5 Full name of contributor  Piper Ogan  6 Contributor address;  5359 Hibbs De Fort Wirth Ty	e; Zip Code	7 Amount of contribution (\$)				
		mployer (See Instruct	ions)				
Date 2/71/2013	Full name of contributor  Cellina Vasquez  Contributor address;  City; State PAC (ID#:	e; Zip Code	Amount of contribution (\$)				
Principal occup		nployer (See Instructi	ions)				
Date 2/28/2023		e; Zip Code	Amount of contribution (\$)				
Principal occup	ation / Job title (See Instructions)	mployer (See Instructi	ions)				
Date 7/24/2013	Full name of contributor  W: Way Substitute  Contributor address;  City: State PAC (ID#:	e; Zip Code	Amount of contribution (\$)				
Principal occup	ation / Job title (See Instructions)	nployer (See Instructi	ions)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

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

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Haley	Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date	Robert Hertzberg	: (ID#:)	7 Amount of contribution (\$)
51.1665	6 Contributor address; City; 6625 Langdon Ave. Los Anjeles	State; Zip Code	1000,00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 3/2/2023	Full name of contributor out-of-state PAC Caryn Read-Hendon	(ID#:)	Amount of contribution (\$)
0/0/0005	1	State; Zip Code	20.00
	26643 FEANKLIN POINTE DE SI	Harield M1 40034	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
3/4/2013	Nedra Robinson Contributor address; City;		50, al
	3025 Grentilly Lane FortWirth	TX 76123	
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(JD#:)	Amount of contribution (\$)
3/2/2013	Contributor address; City;	State; Zip Code	10.00
	2701 4200 Street Secramento	CA 95817	
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NI	EEDED

#### 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:						
2 FILER NAME	Taylor Schlitz		3 Filer ID (Ethics Commission Filers)			
4 Date		(ID#:)	7 Amount of contribution (\$)			
3/2/2023	Renee Grandet  6 Contributor address; City;	State; Zip Code	25.00			
	2835 S. Wagner ROAD #118 Ann Arbi	r MI 48103				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)			
Date		\ (ID#)	Amount of contribution (\$)			
-1.4-	Joyce Frankling Contributor address; City;					
3/42013	Contributor address; City;	State; Zip Code	21.29			
	4609 Pangolio De. Fort Worth	TX 76244				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
Date	م برما	(ID#:)	Amount of contribution (\$)			
3/4/13	Esther Sevier  Contributor address; City;	State; Zip Code	50,00			
دم امار	5113 Medician W Fort Worth	·				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
3/2/23	Contributor address; City;	State; Zip Code	36.87			
,	2212 Hauthorne Ave. Fort Worth	TX 76110	34.01			
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)			
·						
ATTACH ADDITIONAL CODIES OF THIS COHEDING AS MEETED						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	y Treylor Schlitz	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
3/42013	Mitzi Cook  6 Contributor address; City; State; Zip Code	35. <i>の</i>		
	4025 Chestuat Ot. Fortworth TX 76137			
8 Principal occu	upation / Job title (See Instructions)  9 Employer (See Instructions)	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
	Kabert Sheaks			
3/42023	Contributor address; City; State; Zip Code	10.90		
	1903 N. 5th St. # 104 Irving TX 75050			
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
	David Atmip	.,,		
3/2/2023	Contributor address; City; State; Zip Code	260.22		
•	5 125 Sealands W. For Worth Tx 76116			
Principal occup	Dation / Job title (See Instructions)  Employer (See Instructions)	ions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
3/2/2023	Contributor address; City; State; Zip Code	100,00		
	221 Skylino De. #203-170 First PA 18301			
Principal occup	pation / Job title (See Instructions)  Employer (See Instruct	ions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see Instruction guide for additional re			

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Haky	5 Full name of contributor out-of-state PAC		3 Filer ID (Ethics Commission Filers)
4 Date		C (ID#:)	7 Amount of contribution (\$)
3/2/2023	Tracy Seott  6 Contributor address; City;	State; Zip Code	52.45
	PO Box 127072 Arlington	Tx 76012	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	1	C (ID#:)	Amount of contribution (\$)
3/2/2023	Contributor address; City;	State; Zip Code	50.00
	3204 Odessa Ave FortWorth	TX 76109	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	_ \	C (ID#:)	Amount of contribution (\$)
-/ (	Nancy Bear		36.00
3/2/2023	Contributor address; City;	State; Zip Code	33.00
	2706 Meadow Hill Lawe Arlington	n Tx 76006	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
3/2/2023	Contributor address; City;  O427 October Shadow Court Spring	State; Zip Code	36.87
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)
	ATTACH ADDITIONAL CODIFC	DE TURO COUEDUR E AO AN	
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru		

#### SCHEDULE A1

Th		·-	1 Total pages Schedule A1:
! in	ne Instruction Guide explains how to complete this	s form.	I lotal pages solledule At.
2. FILER NAM Haley To	www.Johlitz		3 Filer ID (Ethics Commission Filers)
4 Date	1	C (ID#:)	7 Amount of contribution (\$)
3/2/2023	Mary Put Hely 6 Contributor address; City:	State; Zip Code	100.00
	1270 Westwood De Keller	TX 76262	
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Aretha Thornton		
3/42023	Contributor address; City;	State; Zip Code	36.87
	10724 Lipan Trail Fort Worth	TX 76109	_
Principal occi	upation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	C (ID#:)	Amount of contribution (\$)
3/2/2023	Jacqueline Bouquet  Contributor address; City;  10541 Traymore Dr. Fort Worth	State; Zip Code	50.00
Principal occi	upation / Job title (See Instructions)	Employer (See Instruct	ilons)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/2/2023	Contributor address; City: 1623 Oneil St. Hooston	State; Zip Code	10.90
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS N	FENEN
	If contributor is out-of-state PAC, please see Instru		

#### SCHEDULE A1

	,				
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:		
2 FILER NAME Haky To	agur Schlitz		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC	) (ID#:)	7 Amount of contribution (\$)		
3/4/2023	6 Contributor address; City;	State; Zip Code	36.87		
	4445 Phillips De. Wighte Falls	TX 76308	<i>20.0</i> ,		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
3/4/2023	Contributor address; City;	State; Zip Code	36.97		
Principal occur	4351 Roberts Ln. Midbiffian pation / Job title (See Instructions)				
i illioipai vood	Jauon / Job une (366 maguenons)	Employer (See Instruct	ions)		
Date	l	C (ID#:)	Amount of contribution (\$)		
3142013	Contributor address; City;		36. 87		
Duiz-rigal sassu	1209 S. Davis Drive Arlington				
suucibal occut	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)		
3/2/2013	Alexis Kern  Contributor address; City;	State; Zip Code	בט טט		
, , ,	5744 Parkyrew Hills La. Fort Worth	TX 76179	50.00		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES C				

#### SCHEDULE A1

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Haley	Paylor Schlik		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Nevin Moore	C (ID#:)	7 Amount of contribution (\$)
3/2/2023	6 Contributor address; City; Winston Willage Dr. Salem	State: Zip Code	10.00
8 Principal occu	supation / Job title (See Instructions)	9 Employer (See Instruct	(ions)
Date	Full name of contributor out-of-state PAC	> (ID#:)	Amount of contribution (\$)
3/3/423	Contributor address; City;	State: Zip Code  76180	26.48
Principal occur	7541 Who DR. Richland HIS	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
3/2/2023	Garry Bruton  Contributor address; City; State; Zip Code		
	6925 Spring Valley Way Fort Worth	TV 76132	25.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
3/2/2013	Contributor address; City; 16902 Isle of Man Rd. Pflugarville	State; Zip Code	15.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
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#### SCHEDULE A1

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The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:		
2 FILER NAME Haley Ta	ybr Schlit		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)		
3/2/2023	6 Contributor address; City;	State; Zip Code	10.00		
	7517 Madeira Fort Worth	TX 76112			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date		C (ID#:)	Amount of contribution (\$)		
2/2/2/2	Rebecca Fischer				
3/3/2013	Contributor address; City;	State; Zip Code	100.00		
	977 Elkin Lane Keller	TX 76262			
Principal occu <sub>l</sub>	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
212 12 22	Kathlen Keller Contributor address; City;	State: 7in Code	u. 00		
3/3/223		State; Zip Code  TX 78029	16.09		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
	(======================================	Employer (ess medde	iona)		
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
3/3/2023		State; Zip Code	50.00		
	5116 Glen Springs Trail Forthborth	TX 76137			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)		
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#### SCHEDULE A1

The	e Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
2 FILER NAME Haley Two	ybr Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA Allen Tucker	AC (ID#:)	7 Amount of contribution (\$)
3 3 2023	6 Contributor address; City;	State; Zip Code	35.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	rtione)
	,	a military food merce	auns)
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)
3/3/2013	Contributor address; City;	State; Zip Code	519.94
	1914 Devon St. Houston	14 77027	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Walter Black	AC (ID#:)	Amount of contribution (\$)
3/3/2023	Contributor address; City; 4712 Comargo Court Station	State; Zip Code  CX 77845	104,39
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
3/3/2023	Contributor address City:	State; Zip Code	
	5712 Remington L. #2919 Worth	TX 76132	
	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES ( If contributor is out-of-state PAC, please see Instr		

#### SCHEDULE A1

			· <del>-</del>	
The	Instruction Guide explains how to con	nplete this	form.	1 Total pages Schedule A1:
2 FILER NAME Hakey	Taylor Sollik			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ou	t-of-state PAC	C (ID#)	7 Amount of contribution (\$)
	Anthony Portantino			
3/3/2023		ity;	State; Zip Code	100.00
در هرادات	441 S. Griffith Park DR B	what	CA 91506	
8 Principal occu	pation / Job title (See Instructions)	JILLIN	9 Employer (See Instruct	tions)
·	,			,
Date	Full name of contributor out	t-of-state PAC	C (ID#:)	
Date		-oi-state PAC	, (IB#)	Amount of contribution (\$)
م داداد	Denise Vahn			
3/3/623	G.	ity;	State; Zip Code	15.00
	4321 Cartagena Dr. Non		TY 76133	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor out	-of-state PAC	(ID#:)	Amount of contribution (\$)
	Margellen Hicks			1.1
3/2/200		ty;	State; Zip Code	100.00
3/3/2013	POBOX 19165 1000	τ.,	Tx 76110	700 (00)
Principal occur	pation / Job title (See Instructions)	711		iaual
i illiopai oocuj	autori dob tito (ose matruotions)		Employer (See Instruct	ions)
-				
Date	Full name of contributor out	-of-state PAC	(ID#)	Amount of contribution (\$)
21/11	Preston IVI Hagar		?	
3/4/2023	Contributor address; Cit		State; Zip Code	96 00
	1302 Limestone Creek De. Ke	Her	TX 76243	25. DO
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
	ATTACH ADDITIONAL	COPIES	OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please			

#### SCHEDULE A1

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The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Haley To	ugbor Johlitz			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	Cathy Evans	******		<b>-</b> □
3/5/2023	6 Contributor address;	City;	State; Zip Code	52,45
	441 E. Vine St.	Keller	TX 76248	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Michelle Cline			.,,
3/5/2023	Contributor address;	City;	State; Zip Code	52.45
' '	936 Keller Smithfield RD.	Keller	Tx 76249	JZ.43
Principal occu	pation / Job title (See Instructions)	, cour	Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Christy Jones			,
3/5/2023	Contributor address;	City;	State; Zip Code	101 OC
, ,	2404 Big Horn Way	FORT WORTH	TX 76137	104,39
Principal occu	pation / Job title (See Instructions)	VQ I	Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
e Irla	Mariel Feterson		······	
3/5/2013	Contributor address;	City;	State; Zip Code	36.87
	5208 Pool ROAD Co	sllegulle	TX 76034	
Principal occu	oation / Job title (See Instructions)	J	Employer (See Instruct	ions)

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	ylur Sellitz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (	(ID#:)	7 Amount of contribution (\$)
	Torsha Tombonson		
3/5/2013	6 Contributor address; City;	State; Zip Code	300,00
·	19 Wyck Hill Ln. Westlake	TX 76262	
8 Principal occu		Employer (See Instruction	ons)
Date		ID#:)	Amount of contribution (\$)
	Mary Anne Weutherred		
3/5/2023	Contributor address; City;	State; Zip Code	100 00
	12308 Water Oak DR. With	TX 76244	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (	ID#:)	Amount of contribution (\$)
	Ashley Paz		···
3/5/2013	Ashley Paz  Contributor address; City;	State; Zip Code	
3/3/203	<u> </u>	_	50.00
	1637 S. Advans St. Worth	TX 76104	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (i	D#:)	Amount of contribution (\$)
	Ericka Ledford		.,
3/5/2013	Contributor address; City;	State: Zip Code	
	Rouse		25.00
	1600 Bub UR. City	TX 75199	V3.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)

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#### SCHEDULE A1

The	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME	Taylor Schlitz				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:	)	7 Amount of contribution (\$)
3/6/2023	Stephen Luce 6 contributor address; 1850 Hunters Creek Da.	city; South bake	State;	-	104.39
8 Principal occu	pation / Job title (See Instructions)		9 Emp	ployer (See Instruct	ions)
Date	Full name of contributor Charlene Hill	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
3/6/2013	Contributor address;	city:	State;	•	5.00
Principal occup	pation / Job title (See Instructions)	~~~ (Cu3)(1	1	ployer (See Instructi	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
3/6/2023	Contributor address; 535 Bir Bend De.	city; Keller	State;	Zip Code 76248	1000.000
	pation / Job title (See Instructions)		Emp	bloyer (See Instructi	ions)
Date	Full name of contributor	out-of-state PAC	; (ID#:	)	Amount of contribution (\$)
3/6/2023	Contributor address; 12 Barbey Co. B	City;	State;	Zip Code	25.00
Principal occup	pation / Job title (See Instructions)		Emp	oloyer (See Instructi	ions)
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#### SCHEDULE A1

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The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Haky Tax	ylar Schlitz			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  Gustie Junda	out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
3/6/2023	6 Contributor address; 12308 Drange Root De	city; 2. Veller	State; Zip Code TX 76244	25.00
	upation / Job title (See Instructions)	•	9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
3/6/2023	Gan Winok contributor address; 9692 Ashstone Way	City; SIV Grove	State; Zip Code CA 95624	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
3/6/2013	Jacqueline Reagan Contributor address; 9624 Bowman De	City; Fort Worth	State; Zip Code	25.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Wallace Bridges	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/6/623	Contributor address;	City: Fort Worth	State; Zip Code	100.00
	pation / Job title (See Instructions)		Employer (See Instructi	ions)

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Taylor Schlitz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/7/2013	Leah Backws 6 Contributor address; City; State; Zip Code	100.00
	19223 Harleigh De. Schratoga CA 95070	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
266.00	Glenn Lewis	
3/1/2023	Contributor address; City; State; Zip Code	250,00
	5600 Rockhill RD Worth TX 76112	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Lloyd levine	
3/7/623	Contributor address; City; State; Zip Code	500.00
	4800 D Street isacranupto CA 95819	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	etions)
Date	Full name of contributor out-of-state PAC (ID#:)  Tiffarm Burks	Amount of contribution (\$)
3/7/2023	Contributed address; City; State; Zip Code	200.00
•	1425 Ravenwad Mansfield TX 76063	200 00
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)

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The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME	Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state	PAC (ID#:)	7 Amount of contribution (\$)
<b>_</b>	Deonza Thymes  6 Contributor address; City;		
3/1/2023	6 Contributor address; City;	State; Zip Code	GO.001
	1921 Bhistreet NW Washingto	1005 DC 5001	100.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Margaret Collins		
3)71613	Margaret Collins Contributor address; City:	State; Zip Code	F = 20
	525 Stratton Dr. Keller	Tr. 7(2)10	50.00
Principal occur	pation / Job title (See Instructions)	TX 76248 Employer (See Instruc	tions)
	, , , , , , , , , , , , , , , , , , , ,	Employor (GGG MESEE	tionsy
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Lakesha Humson		Amount of contribution (4)
3/1/2023	Contributor address; City;	State; Zip Code	100 00
•			100.D
Principal occur	3250 W. Are 16 #1 Lancaste	, -,,	a:\
FILLOPAL OCCUP	rangu i Joon mile (See manuchinis)	Employer (See Instruct	tions)
Date	Full name of contributor		A second of the
	La sand i Maria la la	PAC (ID#:)	Amount of contribution (\$)
217/22	Contributor address. City;	State; Zip Code	~ ~
3/7/2013	les	CAL GOVILS	50.00
	3034 Crestway Drive Angeles	UA YWY	-
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Taylor Shlit		3 Filer ID (Ethics Commission Filers)
4 Date	) = = u · · · · ·	C (ID#:)	7 Amount of contribution (\$)
3/8/2073	Stefanie Klein 6 Contributor address; City; 6745 Chelmsford Trail Pringle	State; Zip Code	65.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	cions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/1/2023	Contributor address; City;	State; Zip Code	50. <b>00</b>
<b>-</b>	5048 Giverng Lawe Worth	Tx 7616	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Simon Grant		
3/11/2023	Contributor address; City;	State, Zip Code	250.00
	1026 Florin RD. Sucramento	GA 95831	Ø30.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Barbara Washinito		
3/8/6023	Contributor address; City;	State; Zip Code	2 - 5 - 7
	1237 Primrose Li. Desoto	TX 75115	200.00
Principal occup	vation / Job title (See Instructions)	Employer (See Instructi	ons)
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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Halay Ta	ylor Johlitz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/8/2073	6 Contributor address; City; State; Zip Code 3015 Country Square Lu. Carrillion TX 75006	20.23
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/8/w23	Susanne Dickinson  Contributor address; City; State; Zip Code  1717 Arthur Rs. Colleguille TX 76034	25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/8/223	Henous Grothues  Contributor address; City; State; Zip Code  6517 Hyden De ( Aeynotón) Tx 76001	25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/8/2023	Sandra Christian  Contributor address; City; State; ZID Code  4625 Prickly Pear Or. Fort Worth TX 76244	20.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
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The	Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Halen	Jaylor Schlitz	-		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		· (ID#:)	7 Amount of contribution (\$)
3/8/2023	Sandra lee 6 Contributor address;			1
2/0/00-3				100,00
O Daineinel	624 Winterwood	rennesou		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See instruct	oons)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
	Sunny Crawford			
3/8/2023	Contributor address;	City;	State; Zip Code	25.00
•	2801 Gripson Street	Firt Worth	Tx 76111	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
3/8/2023	Contributor address;	City;	State; Zip Code	25.00
	2207 Barbell Lane	Fort Worth	7 Tx 76111	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor		(ID#:)	Amount of contribution (\$)
3/8/2023	Joanne Dellamu contributor address; 3913 Overton Park De	City;	State; Zip Code	25.00
Principal occup	oation / Job title (See Instructions)		Employer (See Instruct	ions)
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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	5 Full name of contributor out-of-state PAC (IE		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IE	O#:)	7 Amount of contribution (\$)
	Nonean Abramovitz		
3/8/2013			50.0 <b>0</b>
	18007 Blue Ridge Shares DR. Cypress	Ty 77433	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID	D#:}	
Date	Sundra Cooley	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Amount of contribution (\$)
3/8/2013	Contributor address, City;	State: Zip Code	20.00
	4309 Stonecrest Ct. Keller 7	TX 76244	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		D#:)	Amount of contribution (\$)
	Stephen Maxwell		
3/8/2013	Contributor address; City;	State; Zip Code	250.00
•	3904 Driskell Blud. FURT WORTH	TX 76107	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	1	p#:)	Amount of contribution (\$)
	Teresa McCklan		
3/8/2023		State; Zip Code	50 · 00
•	4664 Birchbend Lawe WOATH T	x 76137	00 100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ins)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruction		

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The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Haley	Cayber Schlitz			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		C (ID#:)	7 Amount of contribution (\$)
	LaShanda Sillivan			
3/9/2023	6 Contributor address;	City;	State; Zip Code	22.00
	2650 S. McDonald St. 23	12 Mckinne	J TX 75069	
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Kent Bradshaw			
3/9/2023	Contributor address;	City;	State; Zip Code	250.00
	2009 Lith Ave.	FURT WORTH	TX 76110	230,00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Michelle Aldridge	<b></b>		
3/9/2013	Contributor address;	City;	State; Zip Code	50.00
	2717 DEFTWOOD St.	Hayward	OA 94545	00.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#)	Amount of contribution (\$)
	Iris Garcia			
3/9/2023	Contributor address;	City;	State; Zip Code	25.00
	4720 Grainer Trail	FORT WOATH	TV 76137	23,00
Principal occup	pation / Job title (See Instructions)	•	Employer (See Instruct	ions)
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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2, FILER NAME Haley T	aylor Schlitz		3 Filer ID (Ethics Commission Filers)	
4 Date	_J	(ID#:)	7 Amount of contribution (\$)	
	Janet Klewein			
3/9/2023	6 Contributor address; City;	State; Zip Code	25.00	
	144 Navajo De Keller	TX 76248	0.0.0	
8 Principal occu		9 Employer (See Instructi	ons)	
Date		(ID#:)	Amount of contribution (\$)	
3/10/2013	Meredith Rohr  Contributor address; City:  1106 Carlton Pare Menlo Park	State; Zip Code CA 94025	100.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
3)10/2023	The section of	State; Zip Code  Mi) 20703	10.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC  Deondrica Way	(ID#:)	Amount of contribution (\$)	
3/10/2013	Contributor address; City;	State; Zip Code	72.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
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The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:	
2 FILER NAME Haku To	whor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
_ 1	6 Contributor address; City;		
3/10/423	6 Contributor address; City;	State; Zip Code	25.00
	1925 Old York Dr. Keller	TX 76248	23,00
8 Principal occu		9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Charlotte Settle		
3/10/2023	Contributor address; City;	State; Zip Code	10.00
, , , -	1201 Crimson Ct. Artigutand	TX 76018	10.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	Amount of contribution (\$)	
	Jared Ross		
3/10/2013	Contributor address; City;	State; Zip Code	60.00
	6024 Morningside De Richland Hi	115 TX 76120	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)
	Christopher Stowart		
3/10/2013	Contributor address; City;	State; Zip Code	GO.001
·	2905 Walden Way Sunt Cloud	MW 56301	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc		

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#### SCHEDULE A1

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The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:					
2 FILER NAME Haky	aylor Street		3 Filer ID (Ethics Commission Filers)			
4 Date	5) Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)			
	Erma Budreaux					
3/11/623	6 Contributor address; City;	State; Zip Code	76 20			
',	205 Tanbart Gircle Coppell	TX 75019	25.00			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)			
·	,	S Lingueyer (eee mende				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
	Jaime Sather		***			
Shi hao	Contributor address; City;	State; Zip Code	06 00			
3/12/2023	150 5 00 Makes	70 70114	25.00			
Principal occur	pation / Job title (See Instructions)	TX 76149 Employer (See Instruct	ione			
Timolpai occup	Addon 7 Job tille (Gee Mistructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
	Diane Solis		(,,			
a lution	Contributor address; City;	State; Zip Code	100 00			
3/14/613	6805 Davidson St. #101 Colony	76251	100.00			
Principal occur	pation / Job title (See Instructions)	TX 75056	:\			
Principal occup	auton / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
	Lawren Dougherty					
3/12/2023	Contributor address;	State; Zip Code	וח חו			
-	16002 Sulmon La Soring T	× 77379	10.00			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
	,		,			

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#### SCHEDULE A1

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The	Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Taylor Schutz			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Samuel Williams 6 Contributor address;			
3 13 2023	6 Contributor address;	City;	State; Zip Code	250.00
	300 Huffman Bluff	Keller	TX 76248	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Roy C. Brooks			
3/13/2013	Contributor address;	City:	State: Zip Code	500,00
	5032 Highland Mea	dan De	TH TY 76132	000,00
Principal occup	pation / Job title (See Instructions)	www pc.	Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	E. Leon Carter			
3/13/2013	Contributor address;	City;	State; Zip Code	2500.00
. ,	5603 Oak Falls arche	Dullas	TX 75297	230.00
Principal occup	pation / Jab title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#)	Amount of contribution (\$)
	Seth Patel			
3/13/2023	Contributor address;	City;	State; Zip Code	100 00
•	543 58TH Street	Oaklard	CA 94609	100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)

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#### SCHEDULE A1

The	Instruction Guide explains how t	o complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Haky To	ylur Shlitz			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	Aemenia Morris			
3/13/2023	6 Contributor address;	City;	State; Zip Code	77
·	1821 Calypso Dr.	Vista	CA 92081	25.00
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Gwenn Burud			- ···
3/13/2023	Contributor address;	City;	State; Zip Code	7/ ==
	9468 Smiths Park lake	FURT	TX 76177	25.00
Principal occup	pation / Job title (See Instructions)	WITTH	Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Michael Toland			
3/14/2023	Contributor address;	City;	State; Zip Code	125.00
, ,	432 E. Rich St. #42	Calmhis	OH 43215	123.00
Principal occup	pation / Job title (See Instructions)	C IOTI DUS	Employer (See Instruct	Lions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Julie Hagan			•
3/15/2013	Contributor address;	City;	State; Zip Code	30 00
	5133 Constock Circle	FURT WORTH	TX 76244	00,00
	pation / Job title (See Instructions)	WOR! H	Employer (See Instruct	cions)
			·	
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#### SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME Haben 7	Taylor Schlitz		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
3/15/623	Jody Johns J  6 Contributor address; City;	State; Zip Code	^	
	A 11	Ty 75Z49	25.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
3/15/2023	JL Gilpin			
ردوراه	Contributor address; City;	State; Zip Code	25.00	
Principal occup	ation / Job title (See Instructions)	TX 76034 Employer (See Instructi	cions)	
		. ,		
Date		: (ID#:)	Amount of contribution (\$)	
3/15/413	Sherritta Evers  Contributor address; City:	71.0.4		
713/46		State; Zip Code	$22.\omega$	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
n leds so	Triana Arnoud James			
3/15/2073	Contributor address; City:	State; Zip Code	22.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES O			
	If contributor is out-of-state PAC, please see Instru	iction guide for additional re	porting requirements.	

#### SCHEDULE A1

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Haley Tau	hor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
3/16/2023	6 Contributor address; City;	State; Zip Code	22.00
	29188. Edge Reld Avc. Dallas		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	cions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;		
3/16/2023	Contributor address; City;	State; Zip Code	22.00
,	no Blue Horn Dr. Jones boro	GA 30239	22.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Deena Thornton		
3/16/2073	Contributor address; City;	State; Zip Code	22.00
	6621 N. Lawerence St. Philadelphia	PA 19126	_
Principał occuj	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
	Ashley Williams		
3/16/2023	Contributor address; City;	State; Zip Code	22.00
• •	168 Outwater Ridge Dr. Gramera	NC 27529	20.00
Principal occuş	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS N	EEDED

#### SCHEDULE A1

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		,		
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Haley la	ybr Schlitz			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor Helaine Smith	out-of-state PAr	C (ID#:)	7 Amount of contribution (\$)
3/16/2023	6 Contributor address; 716 Syar Field Dr.	City; abry	State; Zip Code	22.00
8 Principal occu	upation / Job title (See Instructions)	- Carrier	9 Employer (See Instruc	tions)
Date	Full name of contributor  Eva Marlene Kin		C (ID#:)	Amount of contribution (\$)
3/16/2013	Contributor address;  4116 Flat Trail	Unio aly	State; Zip Code	22.00
Principal occu	pation / Job title (See Instructions)	0	Employer (See Instruc	tions)
Date	Full name of contributor  Sharonda lewis		C (ID#:)	Amount of contribution (\$)
3/16/423	Contributor address;  2204 Pacino Dr.	City; FURT WORTH	State; Zip Code  TX 76134	22.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor  Kwa buaa Dw	out-of-state PAC	C (ID#)	Amount of contribution (\$)
3/16/2013	Contributor address;	City; Mansfield	State; Zip Code  TX 76063	200.00
Principal occu	pation / Job title (See Instructions)	1 (0.131100	Employer (See Instruc	tions)
	ATTACH ADDIT	TONAL CODIES	DE THIS SCHEDILLE AS N	EERER

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Haley Tau	Jur Schlitz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	_) 7 Amount of contribution (\$)
	Adrian Gray	
3/11/23	6 Contributor address; City; State; Zip Code	35.00
	2332 Merlin De. Grenno Praine TX 75052	
8 Principal occu	upation / Job title (See Instructions)  9 Employer (See Instructions)	ructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Dawn Lydick Contributor address; City; State; Zip Code	
3/17/2013	Contributor address; City; State; Zip Code	50.00
	9005 Sitra St. Fort Worth TX 76137	
Principal occup	pation / Job title (See Instructions) Employer (See Instr	ructions)
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
	Shawnelle Fluit	]
3/17/2013	Contributor address; City; State; Zip Code	22.00
	40 Howard Ave. BI Norwalk CT 06855	
Principal occur	pation / Job title (See Instructions) Employer (See Instr	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
<u>.</u>	Ionia Daw	
3/11/613	Contributor address; City; State; Zip Code	22.00
	3710 215th St. 4104 Mattessy IL 60443	
Principal occup	pation / Job title (See Instructions) Employer (See Instr	uctions)
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#### SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:			
2 FILER NAME Haley Tak	Nor Schlitz		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PA	C (ID#:	7 Amount of contribution (\$)			
	Natasha Franklin		- ~			
3/17/2023	6 Contributor address; City;	State; Zip Code	22.00			
•	6500 Hidden Ct. Bakersfield	CA 93307				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)			
	Jennifer Coke					
3/17/2013	Contributor address; City;	State; Zip Code	25.00			
	9301 Regal Dr. Woodway	TX 76712	_			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)			
	Steve Marmel					
3/17/2023	Contributor address; City;	State; Zip Code	0 -			
•	13801 Ventura Blod. Sherman	CA 91423	25.00			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)			
	Emily Drabinski					
2 117/202	Contributor address; City;	State; Zip Code	^ _			
3/17/2013	200 Ocean Parkway #37 Brookly	IN NY 11218	25.00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
	ATTACH ADDITIONAL COPIES					
	If contributor is out-of-state PAC, please see Instr	uction guide for additional r	eporting requirements.			

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME Howley To	aylor Schlitz		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (	(ID#:)	7 Amount of contribution (\$)		
3/11/2023	6 Contributor address; City;	State; Zip Code	22.00		
	6624 Whitneyglen Dr. Pullas	TX 75241			
8 Principal occu		9 Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)		
3/17/2023	Contributor address; City;	State; Zip Code	25.00		
	1405 Stella De. Lewbrille	Tx 75067	<u> </u>		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date		(ID#:)	Amount of contribution (\$)		
3/18/2023	Contributor address; City;	State; Zip Code	22.00		
01.01	5664 Stevens Forest RD#123 Colu	mbic MD 21045			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)		
	Deborah teoples				
3)19/223	Contributor address; City;	State; Zip Code	50 D		
•	613 Green River Trail Fort Worth	TX 76103	50.00		
Principal occup	Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
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	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc				

#### SCHEDULE A1

The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:						
2 FILER NAME	Tayly Schlitz  5 Full name of contributor out-of-state PAC (ID#:	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)					
	Amanda Szakats						
3/18/2023		Code					
/ -		$\sim 10000$					
	2025 Elinora De Pleasant Hill CA 914	K13 , 0 , 0 , 0					
8 Principal occu	pation / Job title (See Instructions)  9 Employer	(See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (C)					
		Amount of contribution (\$)					
- l	BRANDON MURDON						
3/19/2023	Contributor address; Crty; State; Zip	50.00					
	3625 DOVE Lane Mesquite TX 75						
Principal occup		(See Instructions)					
	,	,					
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)					
	Lori Glaspie						
3/19/6/23	Contributor address; City, State; Zip						
JAJ2003		4.00					
	5926 BROOK FALLS WINDEREST TX 75	3239					
Principal occup		(See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)					
	30. 3. 3.0 17.3 (1.3.)	Amount of contribution (\$)					
3/19/2013	N:W: Marchmon-Boykin Contributor address; City; State; Zip						
0114000		22.00					
	4910 Independence ar, Unite Stow OH 44	1724					
Principal occup	pation / Job title (See Instructions)  Employer	(See Instructions)					
		,					
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2 FILER NAME Haley Tay	ylor Schlitz			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#)	7 Amount of contribution (\$)
	A'Isha Malone			
3/19/2023	6 Contributor address;	City;	State; Zip Code	200.00
	9353 Wood Duck Dr.	Fort Worth	TX 76118	200.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/19/2023	Lisha Collier			_
0/14/0003	Contributor address;	City;	State; Zip Code	22.00
	3569 Williamson Pro.	Stow	OH 44224	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Nicole Kowalski			
3/19/2023	Contributor address;	City;	State; Zip Code	15 00
	423 Montecillo RD	San Rofel	CA 94903	15.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#- )	Amount of contribution (\$)
	Patrick Buzbee		, (1311)	randam of contribution (#)
3/19/2023	Contributor address;	City;	State; Zip Code	161 00
	1622 Tamarron Gt.	Keller T	x 76248	250.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
	477 4 011 4 District		AF THE COMPANY E A CAN	

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-			•
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	auhr Schlitz		3 Filter ID (Ethics Commission Filers)
4 Date		C (ID#:)	7 Amount of contribution (\$)
3/19/2013	6 Contributor address; City;	State; Zip Code	50.00
8 Principal occu	11629 Winding Break De Woerd upation / Job title (See Instructions)	9 Employer (See Instruct	cions)
Date	Full name of contributor out-of-state PAC Rubbie Green - Starks	C (ID#:)	Amount of contribution (\$)
3/20/1123	Contributor address; City;	State; Zip Code	10.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
3/20/2013	Nawcy Novak  Contributor address; City;  S109 Mercod Daive Fortworth	State; Zip Code	10.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	1	C (ID#)	Amount of contribution (\$)
3/21/2013	James Lappin Contributor address; City; 4004 Volk Ct. Fort Worth	State: Zip Code	25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
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2 FILER NAME Hakn Tau	wr Shlitz		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)		
	La Nette Boone				
3/21/2023	6 Contributor address; City;	State; Zip Code	02 20		
-, ,,5		IN 46239	22.00		
9 Principal cont	3118 Danube Way Indianapolis pation / Job title (See Instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
G i meipar occu	pation 7 300 title (See Instr <del>be</del> tions)	9 Employer (See Instruct	uons)		
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
	Lynette Word Rutterson				
3/21/2023	Contributor address; City;	State; Zip Code	122 -0		
•	157 Davis Til Kallas	TX 7648	109.00		
Principal occur	1515 BRENTWOOD Trail Keller pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
	Robert Hassell				
3/21/623	Contributor address; City;	State; Zip Code	1-2-22		
	602 Lasalle De. Veller	TX 76243	100.00		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
	•		,		
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
	Noon Witeul		(4)		
3/21/2013	Contributor address; City;	State; Zip Code	_		
, ,			50.00		
D	2910 Shady Knoll N. Bedford	TX 76021			
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)		
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### SCHEDULE A1

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2 FILER NAME Haley Tay	hr Johlitz		3 Filer ID (E	Ethics Commission Filers)		
4 Date		of-state PAC (ID#:		f contribution (\$)		
	Barry Kipy					
3/21/2023	6 Contributor address; City	y; State; Zip	Code	)		
	2617 Museumblay Forth	with Tx 76	107			
8 Principal occu	pation / Job title (See Instructions)	<b>9</b> Employer (	See Instructions)			
Date	Full name of contributor out-	of-state PAC (ID#:	) Amount o	f contribution (\$)		
	Tanya Sanders			. ,		
3/21/2023	Contributor address; Cit	y; State; Zip	Code \	00,00		
	1404 Lands End Cet.	<b>7</b>	592			
Principal occup	pation / Job title (See Instructions)	Employer (	See Instructions)			
Date		of-state PAC (ID#:	) Amount o	f contribution (\$)		
2111202				G 00		
3/21/2023	Contributor address; City	· ·	Code	0.00		
4	11940 Gold Greek DR. East	Worth TX 76	244			
Principal occup	pation / Job title (See Instructions)		See Instructions)			
Date	Full name of contributor out-o	of-state PAC (ID#:	) Amount o	f contribution (\$)		
	Willie Pelote					
3/12/2023	Contributor address; City	· ·	1 (3/3)	0.00		
·	2536 Villa Terrace Lu. Sa	cremento CA 954	325			
Principal occup	ation / Job title (See Instructions)	Employer (	See Instructions)			
	ATTACH ADDITIONAL ( If contributor is out-of-state PAC, please		=	rements.		

## SCHEDULE A1

¥						
The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:					
2 FILER NAME Halen	Taylor Schlitz				3 Filer ID (Ethics Commission Filers)	
4 Date		-of-state PAC (	(ID#:	)	7 Amount of contribution (\$)	
2122/222	Tamala Bulland					
3/23/2013		ity;	State;	,	22.00	
	9519 Chastain Walk Cha	rlotte 1	NC	29214		
8 Principal occu	pation / Job title (See Instructions)	9	9 Empl	oyer (See Instruct	ions)	
Date	0 15 0	-of-state PAC (	[ID#:	)	Amount of contribution (\$)	
	Caroline Sherman					
3/24/613	Contributor address; Ci	ity;	State;	Zip Code	E 0 00	
	1034 CONTERBURY LANE V	aux	TX	76248	50.00	
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruct	ions)	
Date	Full name of contributor out-	-of-state PAC (I	ID#:	)	Amount of contribution (\$)	
2 hills 22	Julie Frederick Contributor address; Cit					
3/24/2023	Contributor address; Cit	ty;	State;	Zip Cade	100.00	
	1125 Wales Dr. Keller	rT	χ.	76248		
Principal occup	pation / Job title (See Instructions)			oyer (See Instructi	ions)	
Date	Full name of contributor out-	-of-state PAC (I	ID#:	)	Amount of contribution (\$)	
	Tal Campbell					
3/25/2013	Contributor address; Cit			Zip Code		
	2409 Wynnerest Grele An	いっていい	Tx	7600b		
	ation / Job title (See Instructions)			oyer (See Instruct	ions)	
*						
	ATTACH ADDITIONAL					
	If contributor is out-of-state PAC, please	see Instruc	tion guic	le for additional re	eporting requirements.	

#### 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	s form.	1 Total pages Schedule A1:	
2 FILER NAME Haten Tau	ylor Schlitz		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)	
3/25/2023	Tom HallFord 6 Contributor address; City;	State; Zip Code	25.00	
	4209 Doe Creek Trail Keller	TX 76244		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAG	C (ID#;)	Amount of contribution (\$)	
3/25/2013			25.00	
Principal occup	pation / Job title (See Instructions)	ions)		
Date	Full name of contributor out-of-state PAG Patrice Cole-Morrow	C (ID#:)	Amount of contribution (\$)	
3/26/2023	Contributor address; City;	State; Zip Code	44.00	
Principal occup	11021 Nesbitt Oz. Ranctio Coxan pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date		C (ID#:)	Amount of contribution (\$)	
3/27/2023	Steve Graff  Contributor address; City;	State; Zip Code	100.00	
Principal occup	2832 Cotswold Ct. Keller pation / Job title (See Instructions)	Employer (See Instruction	ions)	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	FEDED	

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Hateu (	aylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
3)27/2023	Jalish Kobinison  6 Contributor address; City;  9412 Elm Court #935 Park	State; Zip Code	2200
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; Crty;	State; Zip Code	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES (		

#### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Arts District Page 1997)

Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	g Expense s/Wages/Contract Labor o complete this form.	Travel Out Of Distric Other (enter a catego	
1 Total pages Schedule F1:	2 FILER NAME Hatey Taylor Schlitz		3 Filer ID (Ethic	s Commission Filers)
4 Date 3/13/2023	BISON Strategies UC	•		
6 Amount (\$)	7 Payee_address;	City;	State;	Zip Code
1640.00	70 Box 2662	Oaklahoma City	ok	73101
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3/15/2023	Harland Charke Check Or	des		
Amount (\$)	Payee address;	City;	State;	Zip Code
244.45				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ACCOUNTING/BANKING	Cheeks		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	ехрепав
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3)17/2023	Edwards & Patterson S	igns		
Amount (\$)	Payee address;	City;	State;	Zip Code
621.79	203 S. Belt Line RO	lavina	TX	75dd)
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Priorinon Expense	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
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEEL	DED	

#### 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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District Travel Out Of District

Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FLER NAME
Shit 3 Filer ID (Ethics Commission Filers) 5 Payee name 4 Date 02/18/223 WIX COM 7 Payee address; 6 Amount (\$) City; State; Zip Code 21001 Mission St. San FRACISCO 94110 CA 56.25 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Website Website / Advertision OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 03/02/2023 Wix. com Amount (\$) Zip Code 2601 Mission Street CA SW FRANCISW 94110 32,47 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Websile Email EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/13/2022 Wisk. com Amount (\$) State; Zip Code 2601 Mission Street Saw Francisco CA 941W 31.39 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Website OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 Candidete/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Vages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Taylor Schlitz		3 Filer ID (Ethic	s Commission Filers)
4 Date 2/19/W23	5 Payee name Mailchimp	J		
6 Amount (\$)	7 Pavee address:	City;	State;	Zip Code
13.86	675 Ponce de Leon Ave NE Suite 5000	Atlanta	<b>G</b> A	30309
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Athertising Sulvailed www	TUNDRAIS	VG	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3/19/2023	Mailchimp			
Amount (\$)	Payee address;	City;	State;	Zip Code
34.65	675 Ponce de Lean Ave NE Sv.te 5000	Atlanta	6A	30300
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Solicitation	FUNDRAIS	ころく	
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin	. TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3/16/2013	Texas Democratic Party			
Amount (\$)	Payee address;	City;	State;	Zip Code
830 <b>.00</b>	PU BOX 15707	Austin	Tx	79761
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	VAN voter	databas	e
	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 NEE	DED	

#### 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Patterson Signs 03/21/2023 Edwards & City: 6 Amount (\$) Zip Code State: 203 S. Bell Line ROAD 75060 1041.37 TX 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE PRINTING Expense Signs OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Bison Strategics LC 3 23 2023 Amount (\$) Zip Code Oklahoma lity PD BOX 2662 1020.34 73101 Category (See Categories listed at the top of this schedule) Description Campaign literature PURPOSE Printing Espenso OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name LA Burger 3/27/2033 Amount (\$) City; State: Zip Code 1540 Kelber Parkway 7624 Vellor 39.53 TV Category (See Categories listed at the top of this schedule) Description **PURPOSE** FOOD & BEVERAGES OF (100F) EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held

expenditure to benefit C/OH

#### 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

		complete tina torin.		
1 Total pages Schedule F1:	2 FILER NAME Taylor Johlitz		3 Filer ID (Ethic	cs Commission Filers)
4 Date	5 Payee name			
3/21/2013	Act Blue			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
122.26	122.26 366 Summer Street Somerville, MA 02144			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting BANKING	FEES		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3/27/2023	DONORBOY			
Amount (\$)	Payee address;	City;	State;	Zip Code
100 10	601 King Sheet Suite 200	Alexandria	VΆ	22314
180,10	Suite 200			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Γ.		
EXPENDITURE ACCOUNTING BUSINES		1-ees		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, afficeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			<u>`</u>
Amount (\$)	Payee address;	City;	State;	Zip Code
			3	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austr	n, 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 NEE	DED	

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR м 3 CANDIDATE / OFFICE USE ONLY C **OFFICEHOLDER** Ms. NAME Date Received SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; ZIP CODE **OFFICEHOLDER** 201 Town Conter lave, #1411 MAILING **ADDRESS** Keller Tx 76243 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (469) 968-7239 PHONE Receipt # Amount \$ MS / MRS / MR FIRST МΙ 6 CAMPAIGN **TREASURER** William A Me Date Processed NAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #: STATE. ZIP CODE CAMPAIGN 1039 BRADFORD CET. TREASURER **ADDRESS** KELLER, TX 76248 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (469)968-7239 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Month COVERED 04 26 2013 THROUGH 2023 ELECTION TYPE **ELECTION DATE** 11 ELECTION Primary Runoff Other Description Month General Special 23 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Keller 150 Boses OF TRUSTEE, PLACE 4 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Haley Tayl	or Schlitz 16	Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	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)	\$ 8930 . 0/100	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$ 13835. <sup>67</sup> /100	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D. OF REPORTING PERIOD	\$ 5472.65/60	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	<b>\$</b>	
	wear, or affirm, under penalty of perjury, that the accompanying report is true an united to be reported by me under Title 15, Election Code.	d correct and includes all information	
	Haley 2		
	Signature of Candid	date or Officeholder	
	Please complete either option below:		
riease complete etther option below.			
NOTAN STAND / SEA	NIFER SARAH SPENCER ary Public, State of Texase by Commission Expires September 25, 2023 OTARY ID 132188473	STH ADOLL	
Sworn to and subscribed 20 to certify	which, witness my hand and seal of office.	the large Solst	
Signature of officer administra	ring oath Printed name of officer administering oath	Title of officer administering oath	
	OR		
(2) Unsworn Declarati	on		
My name is	, and my date of birth is		
My address is			
	(street) (city) (state	e) (zip code) (country)	
Executed in	County, State of , on the day of(month)	, 20 (year)	
	Signature of Candidate	/Officeholder (Declarant)	

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

Haley Taylor Schlite	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8900. Wa
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$13835.07/100
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	\$

#### SCHEDULE A1

ir the reque	sted information is not applicable, <b>bo NOT t</b> i	ciude uns page in the	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date	1	C (ID#:)	7 Amount of contribution (\$)
3/31/2023	Tina Wasserman		
200	6 Contributor address; City;	State; Zip Code	25. 0/100
	7153 Lavendale Ave. Dallas	Tx 75230	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		C (ID#:)	Amount of contribution (\$)
	Stephen "Buddy" Wee  Contributor address; City;		
3/31/2023	Contributor address; City;	State; Zip Code	50.00/100
	1850 Hunsters Creek Dr. Southlai	ce TX 76092	001 7.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date		C (ID#:)	Amount of contribution (\$)
3/31/2023	The state of the s		27.4
5/5//4002	Contributor address; City;	State; Zip Code	10.00/100
	4720 Grainger Trail Food Whork	TX 76137	·
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state_PA	C (ID#:)	Amount of contribution (\$)
	Martha Williams		
3/31/2023	Contributor address; City:	State; Zip Code	100. <sup>00</sup> /100
·	8105 MOINT Shasha Grale Fortwar	th Tx 76137	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
		1	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instr	uction guide for additional r	eporting requirements.

#### SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Haley	Taylor Schlitz		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
	Angela Bllock		
3/31/2023	6 Contributor address; City; State; Zip Coc	1e 25 0/w	
-, ,, 3	8427 October Shadow Ct. Spring Tx 7737	19 05. 16	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See		
Date	Full name of contributor out-of-state_PAC (ID#:	Amount of contribution (\$)	
	Susanne Dickinson		
3/31/423	Contributor address; City; State; Zip Cod	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		α	
Driver all a serve	1717 Arthur De. Colleguille TX 7603	Leate utions)	
Principal occup	ation / Job title (See Instructions) Employer (See	e instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)	
	James Pfatfengut		
3/31/2023	Contributor address; City; State; Zip Coo	$\sim 5.0$ /log	
7 1,350	12225 Macaroon Lone Fort Wirth TX 762	44	
Principal occup	eation / Job title (See Instructions) Employer (See		
Date	Full name of contributor out-of-state_PAC (ID#:	) Amount of contribution (\$)	
	Sallie Webs UN. of		
3/31/2023	Contributor address; City; State; Zip Cod	50.00/100	
/ ·//>	4601 Moss Rose Dr. Fortworth Tx 76137	301 7100	
Principal occup	pation / Job title (See Instructions)  Employer (See	e Instructions)	
		,	
	1		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

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

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The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME Haley To	ylur Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID	)#:)	7 Amount of contribution (\$)
3/31/2023	6 Contributor address; City; 11648 Net Leaf Lene Veller	State; Zip Code  TX 76244	25.00/100
8 Principal occu	pation / Job title (See Instructions)  9		ons)
Date	Full name of contributor   out-of-state PAC (ID)	)#:)	Amount of contribution (\$)
3/3/ 623		State; Zip Code	25.00/L
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID		Amount of contribution (\$)
3/31/2023	Contributor address; City;	State; Zip Code  (X 76 03	10.00/
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor Out-of-state PAC (IE	0#:)	Amount of contribution (\$)
3/31/2023	Contributor address; City; 4625 Prickly Pear Dr. Fortworth	State: Zip Code  7x 76244	10.00/
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED

#### SCHEDULE A1

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

		. •	
The	e Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1:
2 FILER NAME	Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date	9	PAC (ID#:)	7 Amount of contribution (\$)
3 31/2023	6 Contributor address; City; 3250 W. Ave. J6 #1 Lawsca Her	State; Zip Code	50.00/
8 Principal occ	supation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
3/31/2023	Contributor address; City; 2801 Gipson Street Furtherth	State; Zip Code	5. W/w
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Garea Cilc	PAC (ID#:)	Amount of contribution (\$)
3/31/2013	Contributor address; City;  3300 Parker Lane #253 Dustri	State; Zip Code	5.00/
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state  Roderick Miles	PAC (ID#:)	Amount of contribution (\$)
3/31/2023	Contributor address; City; 5617 Seawoo D. Fortwirth	State; Zip Code  TX 76123	100.00/
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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:
2 FILER NAME Haley Tayl	or Schlitz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)
	Suzanna Testerman	
3/31/2023	6 Contributor address; City; State; Zip Code	25. 0%
7 /	4113 Manzinita St. Fort Worth TX 76137	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Ruth Baker	
3/31/2023	Contributor address; City; State; Zip Code	100,00/0
' '	2744 South Jones St. Fort Wirth Tx 76104	100: 1:40
	action / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Dlynne Hanford Contributor address; City; State; Zip Code	05 00/2
3/31/2023		25. <sup>6</sup> /160
	1101 Bear Greek PKey Keller TX 76243	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
4/1/2023	Reginald Andrews  City; State; Zip Code	<u> </u>
1,920		50. %-
	PD Box 162182 FortWorth TX 76161	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	<u> </u>	
		***************************************

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#### SCHEDULE A1

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ii tire reques	sted information is not applicable, be not informed this page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	aylor Schlitz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
4/1/2023	6 Contributor address; City; State; Zip Code 2134 Vak Alby Kerrville TX 78028	10. 100
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
4/1/2013	Jean Wallace  Contributor address; City; State; Zip Code	10. <sup>©</sup> /w
Principal occuj	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
4/2/2023	Contributor address; City; State; Zip Code 7517 Madeira Dr. FortWorth TK 76112	10.00/
Principal occuj	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor   out-of-state PAC (ID#:)  Kathryn Lybarger	Amount of contribution (\$)
4/2/2013	Contributor address; City: State: Zip Code	50. <sup>w</sup> /w
Principal occu	pation / Job title (See Instructions)	tions)
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### SCHEDULE A1

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The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	ylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	AC (ID#:)	7 Amount of contribution (\$)
4/3/2013	Rosemany Hayward 6 Contributor address; City; 2107 Winding Greek Deve Keller	State; Zip Code	100. 00/100
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	-	AC (ID#:)	Amount of contribution (\$)
4/3/2013	Hender But talmer  Contributor address: City;  Max Ember dals Dr. Hills	State: Zip Code  TX 76182	50. <sup>60</sup> /w
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Divie Davis	AC (ID#:)	Amount of contribution (\$)
4/3/2023	Contributor address; City;	State; Zip Code TX 76244	20.00/_
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state Pi Tom Hall Ford	AC (ID#:)	Amount of contribution (\$)
9/3/2023	Contributor address: City: 4209 Dose Creek Trail Keller	State; Zip Code  Tx 76244	25. a)_
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)

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2 FILER NAME					3 Fifer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  Bern Sillivan	out-of-state PAC	C (ID#:		7 Amount of contribution (\$)
4/3/2013	6 Contributor address;	City;		Zip Code	10. <sup>00</sup> /100
	7004 Concord Ct.	Furest Hill	K	76140	
8 Principal occu	ipation / Job title (See Instructions)		<b>9</b> Emp	loyer (See Instruct	cions)
Date		out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
4/3/2023	Contributor address;  122 15th Ave. N Scint	city; Petevslure	State;	Zip Code	25. <sup>00</sup> /100
Principal occup	pation / Job title (See Instructions)	C		loyer (See Instruct	tions)
Date	Full name of contributor [	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
4/4/2023	Contributor address;  12100 Angel Food lu.	city;	State;	Zip Code 74244	20. <sup>a</sup> /los
Principal occu	pation / Job title (See Instructions)		<del></del>	loyer (See Instruc	tions)
Date	Full name of contributor	out-of-state_PA0	C (ID#:	)	Amount of contribution (\$)
4/4/623	Contributor address;	City;	State;	Zip Code	22.00/1
	4205 55th Are. Blade	usburg	WD	00710	
Principal occu	pation / Job title (See Instructions)	0	Emp	łoyer (See Instruc	tions)

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The	Instruction Guide explains how to co	omplete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME Haley 7	Taylor Schlitz			3 Filer ID (Ethics Commission Filers)
4 Date		out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
4/4/623	6 Contributor address; 1708 Buckingham Dr. K	City;	State; Zip Code	40,00/100
8 Principal occu	pation / Job title (See Instructions)		Employer (See Instruction	ons)
Date		out-of-state PAC (I	D#:)	Amount of contribution (\$)
4/5/2013		city; arland	State; Zip Code	20. %
Principal occup	ation / Job title (See Instructions)		Employer (See Instruction	ons)
Date	_	out-of-state PAC (I	D#:)	Amount of contribution (\$)
4/5/2013		city; SirtWarth	State; Zip Code	40.0/100
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor []	out-of-state PAC (I	D#:)	Amount of contribution (\$)
4/6/2023	Contributor address; Contribut	city; East Strondsburn	State; Zip Code	40.00/10
Principal occuş	ation / Job title (See Instructions)		Employer (See Instruction	ons)

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2 FILER NAME	aylor Shitz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
	Ursula Turner	
46/2023	6 Contributor address; City; State; Zip Code	25.0%
1	3406 English Oaks De. NW Venneson GA 30144	
8 Principal occu	upation / Job title (See Instructions)  9 Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Megan Gibsin	(,,
11/1/20	Contributor address; City; State; Zip Code	70 001
46/2023	- C C C C P 15-1 T(767)	20. 00/w
Principal occur	2513 Shady Grave Oa. Bedford TX 76021 pation / Job title (See Instructions)  Employer (See Instru	uctions \
гинора: оссы	pation / 355 title (See instructions)	istoria
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
2013	Sandra Cooley	Amount of contribution (4)
Alelo	Contributor address, City; State; Zip Code	0
46/2013		25. <sup>10</sup> /w
Posta ata al a a a a	19309 Stonecrost Ct. Veller TX 76244	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ictions)
Date	Full name of contributor	Amount of anythintian /6\
144	Out-of-state PAC (ID#:	Amount of contribution (\$)
4/7/2023	Contributor address; City; State; Zip Code	100 (32)
1100	10 TV 7/127	100. 00/100
Principal occu	pation / Job title (See Instructions)  Employer (See Instru	uctions)
i inisparoou	Employer (dec mondations)	,
	- I	

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME Haley Tay	yluc Schlitz		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAI Vick Hogan	C (ID#:)	7 Amount of contribution (\$)	
4/1/2013	6 Contributor address; City; P16 Partridge Berry Do. Raleigh	State; Zip Code	25. <b>%</b> /w	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
4/8/2023	Contributor address; City; 2001 Gipsun Street	State; Zip Code	5. <sup>ov</sup> /100	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
4/8/2023	Contributor address; City; 6132 Habitat De. #3 Boulder	State; Zip Code	25. <sup>60</sup> /10	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
4/9/2023	Contributor address; City;  Zol E. 17 <sup>th</sup> St. #23-J New York	State: Zip Code	20. %	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	cions)	

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## SCHEDULE A1

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The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:				
2 FILER NAME	ylur Schlifz			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)	
11/2	Sharon Lakes				
4/9/2023	6 Contributor address;	City;	State; Zip Code	100. 0/	
	2037 Fox Glen Deive	Allen	TX 75013		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
<i></i>	Tane lachyon			( - m)	
4/9/2023	Contributor address;	City;	State; Zip Code	10.00/100	
	139 Heath St.	Santa	CA 95060		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)	
	Cheral Kinnel				
Molasa	Contributor address;	City;	State; Zip Code		
4/3/2013		- 1		15.00/w	
	3848 Drexmue RD.	Forth.	TX 76244	10-	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
	William Klewein				
4/9/2022	Contributor address;	City;	State; Zip Code	00.	
ردعداه	We do no	ζ.),	7(1/1)	100.00/100	
Dringing!	4	Teller	TX 76248	:1	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)	
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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Halon To	aglor Schlitz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
4/9/2013	Hinckson Kristive  6 Contributor address; City; State; Zip Code  828 Bloonfield Ave, 3A Montclair W) 07042  pation / Job title (See Instructions)  9 Employer (See Instructions)	22. % (in)
- Timoparosoc	g Employer (eee metaster)	No.
Date	Full name of contributor   out-of-state PAC (ID#:)	Amount of contribution (\$)
4/10/2023	Contributor address; City; State; Zip Code	\$25. a/100
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	stions)
Date	Full name of contributor out-of-state PAC (ID#:)  Sharon Garfield	Amount of contribution (\$)
4/10/2023	Contributor address; City; State; Zip Code  2803 Stan bridge St. B208 Norristown PA 19401	25, 00/10
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/6/2013	Contributor address; City: State; Zip Code  [046 Houston arche Fusion CA 95630	10.00/w
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
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The Instruction Guide explains how to complete this form.					1 Total pages Schedule A1:
2 FILER NAME	ylor Schlitz				3 Filer ID (Ethics Commission Filers)
4 Date		out-of-state PAC	C (ID#:	)	7 Amount of contribution (\$)
4/10/2023	6 Contributor address;	City;		ip Code	25.0/100
8 Principal occu	pation / Job title (See Instructions)	Veller		or (See Instructi	ons)
Date	A 1	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
4/10/2023	As hish Nagar select Contributor address; 15 N. Patterson Park Are	city: Baltimov	State; Z	Cip Code	25. <sup>w</sup> /w
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date		out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
4/11/2023	Denise Gonzalez  Contributor address;  213 South Ynez Ark. # 10	City; Mortferey Para (A		ip Code	25. 00/w
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					ons)
Date	Full name of contributor Knistin Olsson	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
4/11/2023	Contributor address:	city; Dallas	State; Zi	S229	(0) (0)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					

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The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:				
2 FILER NAME	who Schlitz			3 Filer ID (Ethics Commission Filers)
4 Date	1	□ out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
Alulan	Mauren Hagan 6 Contributor address;	City;	State; Zip Code	0.4.04
4/11/2013				$25. \frac{6}{100}$
	1005 Oakwoo Dr.	Keller	TX 76248	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Linda Jean Matthew	کرد		
4/11/2023	Contributor address;	City;	State; Zip Code	O = 63/
11112003	3900 Spui Bo. S	orinefield	VA 22153	25. 03/100
Principal occup	pation / Job title (See Instructions)	Drilly 1 te Cer	Employer (See Instru	ctions)
	,			•
Date	Full name of contributor	C) out-of-state PA	C (ID#:)	Amount of contain vices (ft)
Baio		_ our or state (1)	, (13)	Amount of contribution (\$)
41.				/۸۵۸ سرد
4/11/2023	Contributor address;	City;	State; Zip Code	15.0%w
	6 Harvest Hill Roso	Berlin	CT 06037	
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
	<b>-</b>			
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Ann Tracy			
41116	Contributor address;	City;	State; Zip Code	0 01
111/2023	000	0 ,, ,	M- War	25.00/100
n: : 1	3 Pine Brae lane	Kockport	ME CHOSC	<u> </u>
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
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The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1				
2 FILER NAME	w Schlitz		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	#:)	7 Amount of contribution (\$)	
4/12/2023	Terry Callaway 6 Contributor address; City; s 2304 Ridgewood Bedford T	State; Zip Code	25.0%00	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date		#:)	Amount of contribution (\$)	
4/12/2023	Gabrielle Gordon  Contributor address; City: 5  76 Corral De N FortWorth TX		601/00.001	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date		#:)	Amount of contribution (\$)	
4/12/2023	Sue Magle Contributor address; City; s 11648 Netleaf Lune Kellar TX	State; Zip Code	10.00/100	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date		#:)	Amount of contribution (\$)	
4/12/2013	Manyellen Hicks  Contributor address; City; S  PO Boy (9195 FUET WINGETH T)	State; Zip Code	10. 00/100	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				

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2 FILER NAME Haley T	cupor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
4/12/2023	J	tate; Zip Code	100.00/100
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date	Full name of contributor	)	Amount of contribution (\$)
4/12/2023		tate; Zip Code	10. <sup>00</sup> /100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
4/12/2023	J	tate; Zip Code X 76092	20. 00/100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
4/12/2013	Contributor address; City; S 4601 Moss Rose Oe. Fourth	tate: Zip Code 4 76(37)	50. <sup>01</sup> /w
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)

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The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:					
2 FILER NAME	ybr Schlitz			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	out-of-state PA	C (ID#)	7 Amount of contribution (\$)		
4/12/2023	Ssan Arneau H 6 Contributor address;	City;	State; Zip Code	10.00/		
, , -	3705 Astoria Deixe pation / Job title (See Instructions	Arlington)	9 Employer (See Instru	ctions)		
Date	Full name of contributor Anita Robeson		C (ID#:)	Amount of contribution (\$)		
4/12/2023	Contributor address; 2933 Veranta lane	City;	State: Zip Code	100. <sup>0</sup> /10		
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)		
Date	Full name of contributor Karmen Johnson	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
4/12/2023	Contributor address;	City;		10. 0/100		
Principal occup	bation / Job title (See Instructions)		TV 76 12 Employer (See Instru	ctions)		
Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)		
4/12/2013	Contributor address:		State; Zip Code	10.0/e		
Principal occup	pation / Job title (See Instructions)	J	Employer (See Instru	ctions)		
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The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:				
2 FILER NAME	glor Schlitz	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:				
4/12/2013	6 Contributor address; City; State; Zij 724 Longford De. Swithlake TX 76	p Code #Inv Ou			
8 Principal occu		r (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
4/12/2013	***************************************	25. 0/10			
Principal occu		(See Instructions)			
Date	Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)			
4/3/2013	Contributor address; City; State; Zig LOW F. Pleasant Row B. Codar Hill TX 75	60.1			
Principal occu	pation / Job title (See Instructions) Employer	r (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)			
4/13/2023	Contributor address; City; State; Zip	703 Zo. COL			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
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The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:					
2 FILER NAME	ler Schlitz	-	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)			
4/13/2013	6 Contributor address; City;		10.0%			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)			
Date		((D#:)	Amount of contribution (\$)			
4/13/2013	Carolyn Alston Contributor address; City;  6736 San Joaquin Trail Fortworth	State; Zip Code	ols. 01/_			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
Date		(ID#:)	Amount of contribution (\$)			
4/13/2023	Kitzia Lopez contributor address; City; 9841 Stripling De. Fortworth	State, Zip Gode	25. %_			
Principal occup	pation / Job title (See Lastructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC (	(tD#:)	Amount of contribution (\$)			
4/13/2013	Contributor address; City;	State: Zip Code	22.00/_			
Principal occur	623 Caribean Ct. Kannapolis Dation / Job title (See Instructions)	NC 25081 Employer (See Instruct	ions)			
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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	ylus Schlitz	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor   OUI-of-state PAC (ID#:)  Hazel Gree	7 Amount of contribution (\$)		
4/13/2023	6 Contributor address; City; State; Zip Code 5109 Cordova Avenue Fortworth TX 76132	10.00/		
8 Principal occu	upation / Job title (See Instructions)  9 Employer (See Instru	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
4/13/2023	Contributer address; City; State; Zip Code	10.0/		
	1209 S. Dans Da. Arligton TX 76013			
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)		
Date	Full name of contributor	Amount of contribution (\$)		
4/13/2013	Diane Soli;  Contributor address;  City;  State; Zip Code  The  6805 Dandsol St. #101 Colony  TX 75056	100.00/		
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)		
Date	Full name of contributor   out-of-state PAC (ID#:)	Amount of contribution (\$)		
4/13/2023	Contributor address; City; State; Zip Code	25.00_		
	2910 Shody Knoll Ln. Bedford TX 76021			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
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The	The Instruction Guide explains how to complete this form.				
2 FILER NAME	eylor Schlitz		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state P	AC (ID#:)	7 Amount of contribution (\$)		
4/13/2023	6 Contributor address; City;	State; Zip Code	100.0%		
,		TX 76135			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)		
	Daniela Bird				
9/13/2023	Contributor address; City;	State; Zip Code	25. W/		
	5424 Wyndrack St. Worth	TX 76244			
Principal occu	pation / Job title <del>(S</del> ee Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)		
	Esther Sevier				
4/13/2023	Contributor address; City;	State; Zip Code	50.0		
	5113 Meridian LA Fort Worth	TK 76244			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)		
4/13/2023	Contributor address; City:	State; Zip Code	25.001		
	2932 Cotswold Ct. Keller	TX 76249	<i>A. . .</i>		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
		•			
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## SCHEDULE A1

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

	otou momanon to not approac			
The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	ylor Schlip			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor  Marcia Hwck	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
4/13/2623	6 Contributor address;	City;	State; Zip Code	20. 05
8 Principal occu	15519 Park To ledes LN upation / Job title (See Instructions)	WOZIES	9 Employer (See Instruc	tions)
Date	Full name of contributor Ton Hallford	☐ out-of-state PA	C (ID#:)	Amount of contribution (\$)
4/14/2023	Contributor address;	City;	State: Zip Code	25.0/
Principal occu	pation / Job title (See Instructions)	Keller	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
4/14/2023	Contributor address; 1515 BEETTOOD TEAM	city:	State; Zip Code	100.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	aut-of-state PA	C (ID#:)	Amount of contribution (\$)
4/14/2023	Contributor address;	City;	State: Zip Code	10. 02
Principal occu	pation / Job title (See Instructions)	Dellas	TV 75229 Employer (See Instruc	tions)
	ATTACU ADDIT	IONAL CODIES	OF THIS SCHEDULE AS N	IEEDED

## SCHEDULE A1

The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:				
2 FILER NAME Hakey 7	cylor Schlitz			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
ad ad	Margaret Sprenk 6 Contributor address;	le	Otala 77. Oada	n. 001	
4/14/2023	D-00 - 1 01	City; NATH RICHLAND HILLS	State; Zip Code	50.01	
8 Principal occu	pation / Job title (Seb Instructions)	Hius	9 Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
M. I	Rebecaa Fischer			m !	
9/14/2023	Contributor address;	City;	State; Zip Code	50. °L	
	977 Elkin Lawe	Keller	Tx 76262		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	cions)	
Date	Full name of contributor	Out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	E. Mike Grelin			Amount of domination (4)	
4/14/203	Contributor address;	City;	State; Zip Code	200 01	
	5901 Abbey Ropo To	emaree :	FL 35321	250.0/	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PAC	: (ID#)	Amount of contribution (\$)	
4/14/2023	Contributor address;	City;	State; Zip Code	10.00/	
1. 112.65	2001 Para - No	Carrillon	TX 75007	,0.	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
	ATTACH ADDITI		OF THIS SCHEDULE AS N		

## 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:			
2 FILER NAME Haley To	y br Schlitz	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	7 Amount of contribution (\$)			
4/15/2013	Garrett Arusa 6 Contributor address; City; State; Zip Code 3011 Lewel Are. Chevely MD 20785	100.002			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
<i>u</i> .l. <i>y</i>	Daythre Hauskins				
4/15/2023	Contributor address; City; State; Zip Code	250.02			
Deineinel annu	149 East Arbeth S. Riato CA 90377	iama)			
Principal occuj	pation / Job title (See Instructions) Employer (See Instruct	ions)			
Date	Full name of contributor	Amount of contribution (\$)			
4/14/2023	Zaincorie Taylor-Smith  Contributor address: City: State: Zip Code  2918 S. Edge Field Arc. Dullas Tx 75224	22. <sup>QL</sup>			
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	cions)			
Date	Full name of contributor	Amount of contribution (\$)			
4 16/2013	Contributor address; City: State: Zip Code  4137 Duncan Way Fortbirth TV 76244	20.0/			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
	· · · · · · · · · · · · · · · · · · ·				
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## SCHEDULE A1

·						
The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:					
2 FILER NAME	ylor Schlitz	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor	7 Amount of contribution (\$)				
	Lillian Wimblen					
4/11/2023	6 Contributor address; City; State; Zip Code	22. 00/				
C. I.	6624 Whitnesglen Dr. Dalles TX 75241	22.				
8 Principal occu	upation / Job title (See Instructions)  9 Employer (See Instru	uctions)				
D.A.	Full name of contributor					
Date		Amount of contribution (\$)				
	Contributor address; City; State; Zip Code					
4/11/2023	Contributor address; City; State; Zip Code	25.0%				
\ \'\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4004 Valk Ct. Fortwirth Tx 76244	S. 1-				
Principal occup	pation / Job title (See Instructions)  Employer (See Instru	uctions)				
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
A1 1	Kenneth Sauders	4				
4112/2023	Contributor address; City; State; Zip Code	500 00/				
	426 Kingfisher L. Arligitor TK 76002	300.				
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)				
Date	Full name of contributor out-of-state_PAC (ID#:	Amount of contribution (\$)				
	Cudes Christia)					
4101.	Contributor address; City; State; Zip Code	10.002				
418/2023		10.				
94925 Prickly Pear De. First With TX 76244						
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)				
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## SCHEDULE A1

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it the requested knownation is not applicable, bo Not include this page in the report.						
The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:					
2 FILER NAME	juylor Ehlitz		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor Out-of-state PAC	(10#:)	7 Amount of contribution (\$)			
4/18/2013	6 Contributor address; City;	State; Zip Code	1000. W/w			
8 Principal occu	7	9 Employer (See Instruct	ions)			
e i inicipal occu	patient roop tae (eee mandenons)	3 Employer (Oce mander	onsy			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
4/19/2023	Contributor address; City;	State; Zip Code	50. <sup>a)</sup>			
	pation / Job title (See Instructions)	Employer (See Instructi	ons)			
, , , , , , , , , , , , , , , , , , ,	(000 1101 1101)					
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
41196	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6					
4/19/2013	Contributor address; City;  PD Box 51240 For F Worth 7	State; Zip Code	100.00			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	inns)			
· · · · · · · · · · · · · · · · · · ·	value (cos mondone)	Employor (ede morador	<i>515)</i>			
Date		(ID#:)	Amount of contribution (\$)			
4/20/2013	All cir Wescher  Contributor address; City;	State; Zip Code	10.00			
•	2621 Torrey Pines De. Worth	TX 76109				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## SCHEDULE A1

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

ii aio roquot	not applied	505,0, 20 1101		
The	Instruction Guide explains h	ow to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	lor Shlitz			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	_	C (ID#:	
4 19/2023	6 Contributor address; 6220 Mindu's Rid	city; lse Footburth	State; Zip Code  74 76126	10.002
8 Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See In	structions)
Date	Full name of contributor		C (ID#:	Amount of contribution (\$)
4/19/2013	Contributor address;	City; Fort Worth	State; Zip Code	25, 00/
Principal occup	pation / Job title (See Instruction:	s)	Employer (See In	structions)
Date	Full name of contributor Sarita Kennedy	_	C (ID#:	) Amount of contribution (\$)
4/19/2013	Contributor address;	City;	State; Zip Code	50.%
Principal occup	pation / Job title (See Instruction		Employer (See In	structions)
Date	Full name of contributor	out-of-state PAG	(ID#:	Amount of contribution (\$)
4/19/2023	Contributor address;	City;	State; Zip Code	5. %
	510 Myrtle Drive	Arlington	TX 76018	
Principal occup	pation / Job title (See Instruction	s) U	Employer (See In	structions)

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## SCHEDULE A1

The	The Instruction Guide explains how to complete this form.					
2 FILER NAME Haley (w	ylor Selhletz	3 Filer ID (Ethics Commission Filers)				
4 Date		PAC (ID#:)	7 Amount of contribution (\$)			
	Kathleen Keller					
Alighan	6 Contributor address; City;	State; Zip Code	5.04			
4/19/2023	2124 Ock Allen Vansille	7 78028	5. 2			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (5)			
Julio			Amount of contribution (\$)			
4/19/2023	Contributor address; City;	State: Zin Code	25.00/			
1111005	E I IV. K	Tx 76109	03. 2			
	Total Constitution					
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)			
	Dione Sims	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_			
41.06	Contributor address; City;	State; Zip Code	25.00/			
4/19/2023	2119 Harnsn Are Trot Worth	TX 7640				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)			
	David Weit no	,	(4)			
Wint	Contributor address; City;	State; Zip Code	2 62			
4/19/2013	1. 2. 2.5.4 [ ] June	CA 95814	250. 0/			
Potential Land	1100 O Shret Box Sacrouds					
Principal occupation / Job title (See Instructions) Employer (See Ins			tions)			
	ATTACH ADDITIONAL COPIE If contributor is out-of-state PAC, please see Ins					

## SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Haley (	who Sellitz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC	\$ (ID#:)	7 Amount of contribution (\$)
4/19/2023	6 Contributor address; City;	State; Zip Code	\$50.00/
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
4/19/2013	Contributor address; City; 3303 Surset lave Arthurus	State; Zip Code	100.00/
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	^ / · ·	; (ID#:)	Amount of contribution (\$)
419/613	Contributor address; City;  3816 Reduces Creek Lu wieth	State: Zip Code  Tyc 76137	250.02
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
4/10/2013	Contributor address; City:  2207 Woodland Oaks De. Averse:	State; Zip Code <b>W</b> 74 76013	25.02
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)

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## SCHEDULE A1

The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:					
2 FILER NAME	aghr Schlitz			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)		
4/20/2013	Mike Gipsor  6 Contributor address;	City;	State; Zip Code	250.012		
	12506 Imperial Huy	Norwalk	0A 9065D			
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)		
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)		
111.	Time Wright + Kris	417 INDING		20.4		
4/20/2023	Contributor address;	City;	State; Zip Code	100.00/		
	1716 Gray Owl Ro.	Kellow	TX 76249	(00.		
Principal occu	pation / Job title (See Instructions)	- 000	Employer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
rla. i.	Kendyll Locke		**********			
42/623	Contributor address;	City;	State; Zip Code	(00.00/		
	2712 Ridge RD N.	Food West	Tx 76133	100.		
Principal occu	pation / Job title (See Instructions)	(0.1 101.47	Employer (See Instruc	l ctions)		
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
,	Walter Hortos					
4/21/2023	Contributor address;	City;	State; Zip Code	1 0 00/		
ا رحمه	10010 - 01	North Richland Hills	Tr. 76100	1000.00/		
	4904 Tamra CH.	Fichland HillS	Tx 76199			
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)		
,						
	ATTACHADDI	TONAL COPIES	OF THIS SCHEDULE AS I	NEEDED		
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

## 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 for	m.	1 Total pages Schedule A1:
2 FILER NAME	who Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	:)	7 Amount of contribution (\$)
4/4/2013		State; Zip Code	100.002
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID)	:)	Amount of contribution (\$)
4/2/2023	Rowd	State: Zip Code  X 78664	25. 00/_
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID)	;)	Amount of contribution (\$)
4/12/2013		State; Zip Code	10.00/
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor Denis Cranford	:)	Amount of contribution (\$)
4/23/2013	Contributor address; City;	State; Zip Code F 76146	100.00/
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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## SCHEDULE A1

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The	Instruction Guide explains how	1 Total pages Schedule A1:			
2 FILER NAME ( taley Taylor Schlitz				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor		C (ID#:)	7 Amount of contribution (\$)	
4/23/2013	Cartagram	City;	State; Zip Code	100.00/	
8 Principal occu	pation / Job title (See Instructions)	151.00	9 Employer (See Instruc	tions)	
Date	Full name of contributor  Dan icle Ducas	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
4/29/2013	Contributor address;	City;	State; Zip Code	25 09	
Principal occup	ation / Job title (See Instructions)	Wit Words	Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	> (ID#:)	Amount of contribution (\$)	
4/24/2013	Contributor address;  3407 Kelvin Are	City; Furt Worth	State; Zip Code	25. 00/	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
4/24/2013	Contributor address;	City; Sorthlake	State; Zip Code	(02.02	
Principal occup	1850 HUNTERS CLASSOF. pation / Job title (See Instructions)		Employer (See Instruc	tions)	
			L		
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## 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:
2 FILER NAME Haley Tax	16. Schlitz			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	Tom Hallford			
4/24/2023	6 Contributor address;	City;	State; Zip Code	25. 0/
	4209 Dee Creek Trail	Keller	TX 76294	7
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
4/24/2023	Contributor address;	7	Ctata Zin Code	
11- 12-5			State: Zip Code	15.0/
	1209 South Davis De	Arligtor	TX 16013	
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Kirk Randle			
4/29/2023	Contributor address;	City;	State; Zip Code	(0. 00)
	2009 Tremont Ave.	Worth	TX 76(07	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Kathry Lyburge	X		
4/25/2023	Contributor address,	City;	State; Zip Code	25.00L
11-7-5	1548 Wodsey St. ?	Berkeley	CA 94703	∞3. ~
Principal occup	pation / Job title (See Instructions)	0	Employer (See Instruct	ions)

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## SCHEDULE A1

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The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:		
2 FILER NAME	eylor Schlitz	3 Filer ID (Ethics Commission Filers)		
4 Date	Elisha Rurka	C (ID#:)	7 Amount of contribution (\$)	
4/25/2023	6 Contributor address; City;	State; Zip Code	50.00/	
	803 Comission or Suthlake	TX 76092		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date		C (ID#:)	Amount of contribution (\$)	
	Bird Guess			
4/26/2013	Bird Guess  Contributor address; City;	State; Zip Code	250.00/	
	391 les Coliums Irving	TX 75039	_	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date		C (ID#:)	Amount of contribution (\$)	
4/26/2023	Farukh Aslan		· Odle	
4 . 1	Contributor address; City; Fort 515 Houston St. #621 Work	State; Zip Code  TX 76102	100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
			·	
Date	0 00 1	C (ID#:)	Amount of contribution (\$)	
4/26/2023	Sue Magie Contributor address; City;	State; Zip Code	12 01 _	
7/10/2013	1	Tx 76244	10.	
Principal occur	pation / Job title (See Instructions)	tions)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				

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## SCHEDULE A1

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The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:					
2 FILER NAME Haley 7	ingler Schlitz			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:	7 Amount of contribution (\$)		
a .	Christopher Bort					
4/26/2023	6 Contributor address;	City;	State; Zip Code	25.01		
11-1	1200 MM	Fort		25. 2		
	6808 First Hill Dr.	Worth	TY 76137			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instru	uctions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:	.) Amount of contribution (\$)		
A. J.	William Schlib			(4)		
4/26/2023	William Schik Contributor address;	City;	State: Zip Code	100.00		
			TY 76248	100.		
	1039 Brainford CET	Keller				
Principal occup	ation / Job title (See Instructions)		Employer (See Instru	uctions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	uctions)		
Date	Full name of contributor	out-af-state PAC	(ID#:	) Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	uctions)		
	ATTACH ADDIT		OF THIS SCHEDULE AS			

## 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Rembursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services SalariesA  The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Taylor Schlitz		3 Filer ID (Ethics Commission Filers)	
4 Date 03-31- 2013	5 Payee name Prosperity Book			
6 Amount (\$)	7 Payee address, Z17 N. Mais St.	City; Keller	State; Zip Code <b>TX 76246</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Bank Fa	5	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
04/03/2023	Bisod Stretegies UC			
Amount (\$)	Payee address; Po Bo't 2662. OK	City; [ahoma City	State; Zip Code OK 7310	
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 Austir	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
04/04/2023	Donorbox			
Amount (\$)	Payee address;	City;	State; Zip Code	
85.6%	601 King Street #200	Alexandria	VA 22314	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSÉ OF EXPENDITURE	Fees			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	:DED	700

### 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 Loan Repayment/Reimbursement Event Expanse Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Haley Taylor Schlip 4 Date 04/03/2013 7 Payee address; GTS PINCE DELEUM AND NE 6 Amount (\$) City; State: Zip Code Atlanta GA *3*030B (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE FUNDRAY DE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name 04/04/2023 Amount (\$) GODDMAN Campaigns LLC Payee address; 211 E. 7th St. # 620 City; State: Zip Code 987. 94/10 Austin TX 79701 Category (See Categories listed at the top of this schedule) Description PURPOSE FUNDRAISIN Solicitation/ Fundamisina Exp. OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Strart Clegg Amount (\$) City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Campaign Street Sign **PURPOSE** thertism Expense OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

## 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 Event Expanse Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Expense Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Switchboard Public Benefit Corp. 04/01/2023 6 Amount (\$) State: Zip Code $\infty$ 49 36/100 20033 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Solicited N/ Fordraise OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 04/10/2023 City; State: Zip Code 16. 22/100 76248 Keller Category (See Categories listed at the top of this schedule) Description PURPOSE 1000) FOO O OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Bison Strategies LLC Amount (\$) Payee address; City; Zip Code State: PO Box 2662 13101 OK Oklahone City 275 30/100 Category (See Categories listed at the top of this schedule) Description Campaijn Lit. **PURPOSE** OF EXPENDITURE Check if Austin, TX. officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

## 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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		ing Expense Travel Out Of District other (enter a category not listed at to complete this form.	bove)
1 Total pages Schedule F1:	2 FILER NAME Haley Taylor Schli	3 Filer ID (Ethics Commission	n Filers)
4 Date	5 Payee name		
04/17/2023	Target		
6 Amount (\$)	7 Payee address;	City; State; Zip Cod	de
21. 19/100		North Rochlaw Hills TX	
8	(a) Category (See Categories listed at the top of this schedul	le) (b) Description	
PURPOSE	Other	Social	
OF EXPENDITURE	OTIVE	Supplies	
	(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/OF	Candidate / Officeholder name	Office sought Office held	1
Date	Payee name		
04/11/2023	Subway		
Amount (\$)	Payee address;	City; State; Zip Cod	je
12.65/100	,	Los Angeles CA	
	Category (See Categories listed at the top of this schedule	e) Description	
PURPOSE OF EXPENDITURE	FOOD	F00D	
	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	Рауее пате		
04/18/223	Bison Strategies UG		
Amount (\$)	Payee address;	City; State; Zip Cod	
3833. 01/w	70 BOX 2662	Okahonality OK 7310	. (
	Category (See Categories listed at the top of this schedule		
PURPOSE OF EXPENDITURE	Advertising Expense	Campaium Miler	
	Check if travel outside of Texas. Complete Schedule T	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	t
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEEDED	

### 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 Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense 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) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 04/18/2023 6 Amount (\$) Zip Code City: State: TK 75060 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Campatin Signs **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name 04/18/2023 City: Zip Code 28, 25/wo 675 Pares Le Leon Aus Atlanta GA-30*303* #5000 Category (See Categories listed at the top of this schedule) Description PURPOSE Solicited w/ FUNDPAIS ~ FONDRAISM EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Payee address; City: State: Zip Code 2601 Missid St. Saw Prascisco CA 9410 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Websile Hos Advertisin Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense Pi y Gift/Awards/Memonals Expense Pi	oan Repayment/Rembursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor ow to complete this form,	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Habey Taylor Schli	it	3 Filer ID (Ethics Commission Filers)
4 Date 04/19/13	5 Payee name Whataburser		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
20. 22/wo		Reller	76148
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
PURPOSE OF EXPENDITURE	FOOD	FOOD	
	(c) Check if travel outside of Texas. Complete Scheo	lule T. Check if Austr	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/20/23	Starbucks		
Amount (\$)	Payee address;	City;	State; Zip Code
31.7/10		Keller	TX 76240
	Category (See Categories listed at the top of this sched	fule) Description	
PURPOSE OF EXPENDITURE	FOUD	FOOD	
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/20/2023	Kahusas		
Amount (\$)	Payee address;	City;	State; Zip Code
27. 37/100	8509 Davis Blod. #180	North Richle Hills	76182
	Category (See Categories listed at the top of this sched	lule) Description	
PURPOSE OF EXPENDITURE	FooD	FODD	
	Check if travel outside of Texas. Complete Schedu	deT. Check if Austin	n, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## SCHEDULE F1

TI BIO I GGILLOCTOR IIII	officiation is not applicable, bo NOT includ	e tina page in the re	PO16
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling y Grit/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Reintal Expense Expense g Expense os/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
1 Date 04/21/2023	5 Payee name Bison Stradegies LLC		
3845. 88/100	7 Payee address; Po Boy 2002	Oklahowe City	State; Zip Code 7310 \
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule  Adverts w Expense  (c) Check if travel outside of Texas, Complete Schedule T.	Campaig.	Mailer  I. TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/24/2023	Target		
Amount (\$)	Payee address; 3352 Devrs Old.	City: Weeth Richlaso Hills	State; Zip Code
		Weth	
	9352 Deurs Old.	Wearth Richland Hills	
PURPOSE OF	Category (Sea Categories listed at the top of this schedule)	Nearth Richland Hills Description Supplies	
PURPOSE OF	Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Nearth Richland Hills Description Supplies	VULLINGER - Walker
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Description Supplies Check if Austin	VULLINGER - Walker TX, officeholder living expense
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH	2352 Derns Blok.  Category (See Categories listed at the top of this schedule)  Office  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Description Supplies Check if Austin	VULLINGER - Walker TX, officeholder living expense
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH	Category (See Categories listed at the top of this schedule)  CHEC  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Description Supplies Check if Austin	VULLINGER - Walker TX, officeholder living expense
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  04   24   22   3	Category (See Categories listed at the top of this schedule)  Other  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Whataburger	Description Supplies Check if Austin Office sought	Vulleco  TX, officeholder living expense  Office held
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 04   24   223  Amount (\$)	Category (See Categories listed at the top of this schedule)  Other  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Whataburger	Description Supplies Check if Austin Office sought	VULLICO  TX. officeholder living expense Office held  State: Zip Code
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 04/24/2023  Amount (\$) 22. 92/200  PURPOSE OF	Category (Sea Categories listed at the top of this schedule)  Other  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Whatburger  Payee address:	Description Supplies Check if Austin Office sought  City: Veller  Description  FOOD FOOL	VULLIVER - Walker  TX, officeholder living expense  Office held  State: Zip Code  TX 76246

## 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Travel In District Polling Expense Contributions/Donations Made By Gift/Awards/Memonals Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) State: Zip Code 7713 Stoney Creek 22039 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE **OF EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct Office sought

expenditure to benefit C/OH

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 21 MS / MRS / MR MI 3 CANDIDATE/ OFFICE USE ONLY 0 **OFFICEHOLDER** NAME Date Received SUFFIX NICKNAME APT / SUITE #; 4 CANDIDATE / ADDRESS / PO BOX: STATE; ZIP CODE 201 Town Center Lane #1411 OFFICEHOLDER MAILING **ADDRESS** 76243 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR MI 6 CAMPAIGN **TREASURER** Wi lliam Me. Data Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. STATE; ZIP CODE 7 CAMPAIGN TREASURER 1039 BRADFURD CET **ADDRESS** Keller 7x 76448 (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION **TREASURER** PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Month Year Day Year COVERED 04 27 2022 THROUGH 06 39 2012 ELECTION TYPE 11 ELECTION **ELECTION DATE** Primary Runoff Other Description Month Day General Special 5 2023 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Veller ISD Bosed or TRUSTEE, PLACE #4 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. GANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ <b>29</b> 99 . 00/_
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5129. 86/100
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOF REPORTING PERIOD	\$ 3665. 93/L
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	* <b>X</b>
	wear, or affirm, under penalty of perjury, that the accompanying report is true ar juired to be reported by me under Title 15, Election Code.	nd correct and includes all information
	41 . 4	1 0
	Maly Jaylor	Achillery
	Signature of Candi	date or Officeholder
İ		
	P31	
	Please complete either option below:	
(1) Affidavit	G L MONTEMAYOR Notary Public, State of Texas My Commission Expires July 24, 2025 NOTARY ID 12393284-2	
NOTARY STAMP/SEAL		2
Sworn to and subscribed	before me by Haley Taylor Schlitz this the 1	day of Guly,
A ===	which, witness my hand and seal of office.	
U2 201		70 -la . )
Jos Mente	O O TO THE O	Motary
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
Associate and the second	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
		· · · · · · · · · · · · · · · · · · ·
My address is		
	(street) (city) (state	, , , , , , , , , , , , , , , , , , , ,
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 NAM	Tout lablita	20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE NAME OF S	ESUBTOTALS		SUBTOTAL AMOUNT
1 s	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <b>29</b> 99. 67_
2 §	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ Ø
3 8	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ \( \psi \)
4. S	SCHEDULE E: LOANS		\$ Ø
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 5129.86/100
6. S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ Ø
9. S	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ Ø
10. S	CHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ Ø
11. S	CHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ Ø
12. S	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$ Ø

## SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 12_
2 FILER NAME	Taylor Schlip		3 Filer ID (Ethics Commission Filers)
4 Date	5 Pull name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
4/17/2013	Anita Horky 6 Contributor address: City; Po Box 17787 Fortworky	State; Zip Code TX 76102	100.00/
8 Principal occi	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Greg Hyphes	(ID#:)	Amount of contribution (\$)
7/28/wiz		State: Zip Code  V. 76103	100. 60/
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 4)29/2013	Melanie Rossnel	(ID#:) State; Zip Code . 76244	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 4 / 29 /	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
/°'/143	Contributor address; City;	State; Zip Code GA 90060	25. <sup>60</sup> /
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru-		

## SCHEDULE A1

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
1 Date 1/30/2013	5 Full name of contributor  Sue Magie 6 Contributor address; 11648 Nefleaf Low	City;	State; Zip Code TX 76244	7 Amount of contribution (\$)  25.
Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor  Sunny Crawford		C (ID#:)	Amount of contribution (\$)
4/30/2023	Sunny Grawford Contributor address; 2001 Gipson St.	city; Furt Wirth	State; Zip Code 「	5. °L
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Karen Sterling	Out-of-state PAC (ID#:)		Amount of contribution (\$)
150/2013	Contributor address; 127 Welcod Place	City; Ceclar Orenh	State; Zip Code TX 78612	5.0/_
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
7/30/2013	3000 Alcove lane	Corinth	State; Zip Code	10.00/_
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDIT		OF THIS SCHEDULE AS N	

## SCHEDULE A1

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The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:		
2 FILER NAME	Taylor Schlitz		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAG		7 Amount of contribution (\$)	
4 30 wiz	6 Contributor address; City; 495 Chino Hills Parkwy Chino Hill	State; Zip Code	250.00/10-	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Rick Takes	C (ID#:)	Amount of contribution (\$)	
4/30/2023	Contributor address; City; 2517 Ryan Arc. Fort Worth	State; Zip Code  TY 76110	50.00/	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	cions)	
Date 4/30/2013	Full name of contributor out-of-state PAG Mary Annis Moire Contributor address; City; 518 Thulma Oz Sun Antenio	State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Jeanne O'Brien	C (ID#:)	Amount of contribution (\$)	
4/30/2023	Contributor address; City: 2207 Marvin Gardens St. Arling	State; Zip Code	25. 0/_	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
		I		
	ATTACH ADDITIONAL COPIES (			

## SCHEDULE A1

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

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The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:
2 FILER NAME Haley Ta	War Schlitz				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	; (ID#:	)	7 Amount of contribution (\$)
41	Nancy Sandacz 6 Contributor address;		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	(D 80/
4/30/2013	6 Contributor address;	• .	State;	•	10, ~~
ر ،	1311 Holy Oak St.	Arlighon	TX	76012	
8 Principal occu	upation / Job title (See Instructions)		9 Empl	loyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
Δι.,	Teresa McClellan				
4/30/2013	Contributor address;	City;	State;	Zip Code	25. 6/
<u>-                                      </u>	4664 Brichberd Lane	Fitwork	TX	76137	α3.
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#:		Amount of contribution (\$)
412.1	Maryann Dorin				
130) wiz	Contributor address;	City;	State;	Zip Code	05 0/_
(36) and	9920 Edleman Court	FortWorth	TX	76244	25.
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor	☐ out-of-state PAC	(ID#:	)	Amount of contribution (\$)
11.	Sundra Christian				
4/30/2013	Contributor address;	City;	State;	Zip Code	10.02
, ,	4425 Prickly Row De	Fort Wangu	TX	76244	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
	ATTAQUADDIT				FFNFN
	ATTACH ADDITI				

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## 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:  FILER NAME    Date	FILER NAME  Faley Regler Schitz  Date  5 Full name of contributor Out-of-state PAC (ID#:	Filers)
Table   Tagent Schitz   Date   S Full name of contributor   Out-of-state PAC (IDS:	Haley Taylor Schlitz  Date 5 Full name of contributor out-of-state PAC (ID#:	Filers)
Date    S Full name of contributor   Out-of-state PAC (IDs.   10, 00/2)   Principal occupation / Job title (See Instructions)   Date   Full name of contributor   Out-of-state PAC (IDs.   21)   Code   10, 00/2    Principal occupation / Job title (See Instructions)   S Employer (See Instructions)   S Employer (See Instructions)   Amount of contribution (\$)   Amount of contribution (\$)     Amount of contribution (\$)   Employer (See Instructions)   Principal occupation / Job title (See Instructions)   Principal occupation / Job titl	Date 5 Full name of contributor Out-of-state PAC (ID#: 7 Amount of contribution (\$ Nancy Sundacz	
State   Zip Code   D   D   Date   Full name of contributor   Out-of-state PAC (ID#:   D   Date   Full name of contributor   Out-of-state PAC (ID#:   D   Date   D   Date   Pull name of contributor   Out-of-state PAC (ID#:   D   Date   D   D   Date   D   D   Date   D   D   Date   D   Date   D   Date   D   D   D   D   D   D   D   D   D		;)
Scontributor address:    State: Zip Code   D.   D.		
Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address;  City: State: Zip Code  [209 S Davis Dr. Arlight Tx 76013  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address:  City: State: Zip Code  [30/203	Ontributor address; City; State; Zip Code	
Date  Full name of contributor  Contributor address;  City: State: Zip Code  [209 S Davis Oz. Arlingth Tx 76013  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address;  City: State: Zip Code  Full name of contributor  Contributor address;  City: State: Zip Code  Contributor address;  City: State: Zip Code  Full name of contributor  Contributor address;  City: State: Zip Code  Full name of contributor  Contributor address;  City: State: Zip Code  Full name of contributor  Contributor address;  City: State: Zip Code  Full name of contributor  Contributor address;  City: State: Zip Code	16013 1311 Holly Oak Street. Arlington Tx 76012	
Contributor address; City; State; Zip Code    209 S Davis De.   Dr.   Dr.   Dr.   Dr.	Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	
Contributor address; City; State; Zip Code    209 S Davis Dr.   Arroy Tr. 76013    Contributor   City:	Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$	<b>5</b> )
Solution   Contributor address;   City:   State: Zip Code   D.   Contributor   City:	A1	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Policy   State; Zip Code   S. Ou/  Contributor address; City; State; Zip Code   S. Ou/  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Contributor address; City; State; Zip Code   Ou/  Contributor address	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	1 144	
Nelda Harris  Contributor address; City; State; Zip Code  Zood E Leuner Blod. **Tood Tx 76006  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code  4113 Marziniła St. Work Tx 76137		
Contributor address; City; State; Zip Code  2000 E Leuner Blud. **Low Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Sue Testerman  Contributor address; City; State; Zip Code  4113 Manzinita St. Work Tx 76137	Amount of contribution (\$	<b>====</b>
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor   out-of-state PAC (ID#:	2000 E Leurar Blod. # 600 Arlingha Tx 76006	-
Sue Testerman  Contributor address; City; State; Zip Code  4113 Manzinita St. Worth Tx 76137		
Sue Testerman  Contributor address; City; State; Zip Code  4113 Manzinita St. Worth TX 76137	Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$	===== 6)
4113 Manzinita St. Worth Tx 76137 10.		
4113 Manzinita St. Worth TX 76137	Contributor address; City; State; Zip Code	
		~
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Principal occupation / Job title (See Instructions)  Employer (See Instructions)	

## SCHEDULE A1

Th	e Instruction Guide explains l	how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Haley	Taylor Schlitz			3 Filer ID (Ethics Commission Filers)
4 Date 5	5 Full name of contributor  Overtin James  6 Contributor address;  80 M Street SE,  Suite lod	Out-of-state PA  City;  Washington	State; Zip Code	7 Amount of contribution (\$)
8 Principal occ	upation / Job title (See Instruction	ons)	9 Employer (See Instruct	tions)
5/1/2023	Full name of contributor Landa Orrick Contributor address; 3204 Odessa Aux.	□ out-of-state PA	State; Zip Code	Amount of contribution (\$)  25.
Principal occu	pation / Job title (See Instruction	ns)	Employer (See Instruct	ions)
Date  5/2/2023  Principal occu	Full name of contributor  Lisa Waschka  Contributor address;  1409 Medford De.  upation / Job title (See Instruction	city; BedFord	State; Zip Code  TX 76021  Employer (See Instruct	Amount of contribution (\$) $5. \omega / \underline{}$
5/47013	Full name of contributor  Lohn Bloom  Contributor address;  539 W. ISA St.	Out-of-state PAC  City;	State; Zip Code  72 77003	Amount of contribution (\$)
Principal occu	pation / Job title (See Instruction	าร)	Employer (See Instruct	ions)
	ATTACH AD		OF THIS SCHEDULE AS Nuction guide for additional r	

### SCHEDULE A1

The	a Instruction Guide explains how to	complete thi	s form.	1 Total pages Schedule A1:
FILER NAME	eglir Schlitz			3 Filer ID (Ethics Commission Filers)
4 Date	U	out-of-state PA	G (ID#:)	7 Amount of contribution (\$)
5/2/2023	6 Contributor address;	city;	State; Zip Code	25.00/
8 Principal occu	upation / Job title (See Instructions)	A.1 A1 C	9 Employer (See Instruc	ctions)
Date	<u> </u>	Out-of-state PA	C (ID#:)	Amount of contribution (\$)
5/2/2013	Daniel Funtony Contributor address; 2014 Spring Mist No. #1422	city;  Arlingto	State; Zip Code	100.00/
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor [ Lucea Suzaw Kedron	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
5/3/2013	Contributor address; 25 Highland Park V. Mege #1 uz	City; Dollas	State; Zip Code	100.00/
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)
Date	Full name of contributor  Tom Hallford	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
5/3/2013	Contributor address; 429 De Creek Trail	city; Kellur	State; Zip Code  76244	25. 02
Principal occur	 pation / Job title (See Instructions)		Employer (See Instruct	tions)
	ATTACH ADDITION		OF THIS SCHEDULE AS N	

## SCHEDULE A1

	otod momentum to not applicab	,, DO 1101 II	loidde ims page in the	10porti		
The	e Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:		
2 FILER NAME	cylus Sollite			3 Filer ID (Ethics Commission Filers)		
4 Date	Full name of contributor		C (ID#:)	7 Amount of contribution (\$)		
5/3/2023	6 Contributor address; 3202 Caris Drook Crt.	Colleyville	State; Zip Code	25. <sup>Q</sup> L		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						
Date	Full name of contributor Sandra Christian		C (ID#:)	Amount of contribution (\$)		
5/4/2023	Contributor address; 4425 Prickly Rear Dr.	city; Fost Worth	State; Zip Code	10.00/		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)		
Date	Full name of contributor Rebecca Glaser	out-of-state PAC	,	Amount of contribution (\$)		
5/4/2013	Contributor address; 414 Storly W. Deive	City;	State; Zip Code	25.02		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)		
Date	Full name of contributor Sunny Craw Ford	Out-of-state PAG	G (ID#:)	Amount of contribution (\$)		
5/4/2013	Contributor address; 2801 Gupso) St. Fo	city:	State: Zip Code	25.00/		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)		
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	, 					
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### SCHEDULE A1

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Haley To	ylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date		C (ID#:)	7 Amount of contribution (\$)
5/4/2023	Mary Annis More 6 Contributor address; City; 513 Thelma Drie San Antonia	State; Zip Code	25. OL
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct	úons)
Date 5/4/	^ -	C (ID#:)	Amount of contribution (\$)
94/2013	Michael Ceraso  Contributor address; City;  426 N. Conlos Ave. West  Covina	State; Zip Code OA 91790	1000. 00/_
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor  out-of-state PAC  Warren H. rga.  Contributor address; City;	C (ID#:)	Amount of contribution (\$)
5/4/2013	9316 Mourtain Lake Cit. Fort Wirth	State; Zip Code TX 76179	25.01
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 5	Full name of contributor out-of-state PAC	G (ID#:)	Amount of contribution (\$)
5/5/2023	Contributor address; City;    Park Row Providence   Sth Floor	State: Zlp Code PI ()2903	200. 0/
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES (		

## SCHEDULE A1

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

The	Instruction Guide explains how to com	plete this form.		1 Total pages Schedule A1:
2 FILER NAME Haley To	edur Schlitz			3 Filer ID (Ethics Commission Filers)
4 Date	11	of-state PAC (ID#:	)	7 Amount of contribution (\$)
5/5/2023	6 Contributor address; City	y; State; らんと てX	Zip Code	25.01
8 Principal occu	pation / Job title (See Instructions)	9 Empl	oyer (See Instruction	ons)
Date	Full name of contributor out-of	of-state PAC (ID#:	)	Amount of contribution (\$)
5/6/2023	Contributor address; City	y: State;	Zip Code 76244	25.00/
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor 🗀 out-o	of-state PAC (ID#:	)	Amount of contribution (\$)
5/6/2023	Ruth Baker Contributor address; City 2744 Suth Janus St.		Zip Code 76104	25. <sup>©</sup> L
Principal occu	pation / Job title (See Instructions)	Emple	oyer (See Instruction	ons)
Date	Full name of contributor Out-o	of-state PAC (ID#:	)	Amount of contribution (\$)
5/8/2023	Contributor address; City 2201 Gipson St. Fathi	State;	Zip Code 76111	5. OL
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
	ATTACH ADDITIONAL C	COPIES OF THIS S	CHEDULE AS NE	EDED

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	s form.	1 Total pages Schedule A1:	
2 FILER NAME Haley	Taylor Schlik		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Out-of-state PA	C (ID#:)	7 Amount of contribution (\$)	
5/11/2023	Linda Jean Matthews 6 Contributor address; City; 9900 Spur RD. Springfield	State; Zip Code VA 22153	2007	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	_	C (ID#:)	Amount of contribution (\$)	
5/16/2023	Zeciscofie Taylor-Smith  Contributor address; City;	State; Zip Code	na w/	
, ,	2918 S. Edgefield Ave. Dallas		23. 20/	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
5/17/2023		State: Zip Code  TX 75241	22. 2	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
5/21/2023	Contributor address; City;	State; Zip Code	0 - 0	
,	2125 Town Center De. Road	Tx 73664	25.	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED	
	If contributor is out-of-state PAC, please see instri	uction guide for additional re	eporting requirements.	

## SCHEDULE A1

The	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	oylor Schlist		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ cut-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
5/25/2023	6 Contributor address; City; 1548 Woolsey St. Berkeley	State; Zip Code CA 94703	25, 02
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor   out-of-state PA	AC (ID#:)	Amount of contribution (\$)
5/31/2023	Contributor address; City;	State; Zip Code TX 76244	25. W_
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor		Amount of contribution (\$)
6/8/2023	Contributor address; City; 2501 Gipsor St. Fortwork	State: Zip Code TX 76111	5.01
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
5/26/2023	Contributor address; City;	State; Zip Code 74 76133	(00. 00/_
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
		1	
	ATTACH ADDITIONAL CODIES	OF THE COLLEGE F AC NO	

### 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer 1D (Ethics Commission Filers) taken lay 4 Date State: Zip Code Smerville MA 02144-0031 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** fees **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name State; Zip Code Heardra 22314 Category (See Categories listed at the top of this schedule) Description PURPOSE tees **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 5/1/2023 Zip Code Collegrille Blub. Collegrilla Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF F60D **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date GIODDMAN CAMPAIGNS 5/4/2013 6 Amount (\$) 7 Payee address; City; State; Zip Code 211 E. 745+ \$620 Austin Tx 76701 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** FUNDRALLING EXPENSE FUNDRAISAGE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Starlacks 5/8/2013 State; Zip Code City: 962 Keller Parkway 76249 Keller TV Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Krozer 5/8/2013 Pavee address: Amount (\$) City; State: Zip Code 2061 Rufe Snow DR. 76245 N7 Category (See Categories listed at the top of this schedule) Description **PURPOSE** FOUL OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

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#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Advertising Expense Accounting/Benking Transportation Equipment & Related Expense Office Overhead/Rental Expense Fees Travel In District Food/Reverage Expense Polling Expense Consulting Expense Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5/0/2023 6 Amount (\$) State; Zip Code City: 7 Pavee address; 76248 1520 Keller Plany Rello r $\nabla V$ 29.460 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH 5/3/2013 Zip Code Amount (\$) 1100.0% Description Category (See Categories listed at the top of this schedule) Election Night Part **PURPOSE** FOOD OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Switchboard 5/9/2023 Zip Code State; Payee address; Amount (\$) Po BOX 33485 20033 41 86/ Description Category (See Categories listed at the top of this schedule) PURPOSE FUN DRAISING EXPENDITURE Check if Austin, TX, officeholder living exponse Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

## SCHEDULE F1

	EXPENDITURE CATEGOR	KIES FUR DUX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Prod/Beverage Expense Prod/Beverage Expense Prod/Icommittee Legal Services Se	van Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense inting Expense alaries/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 h	ow to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Trafer Ellitz		3 Filer ID (Ethics Commission Filers)	
4 Date 5/(0)2073	5 Payee name ) Cumpaigns CU			
6 Amount (\$)	7 Payee address:	City;	State; Zip Code	
264.54_	211 E. 7451. 4620 Austin Tx 78701	·		
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description		
PURPOSE OF EXPENDITURE	Fundrasiucy			
	(c) Check if travel outside of Texas. Complete Scheo	tule T. Check if Aus	lın, TX, afficeholder living expense	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5/24/2023	Switchboard			
Amount (\$)	Payee address;	City;	State; Zip Code	
113.94/	Pu Box 33485	Washington	DC 20033	
	Category (See Categories listed at the top of this sche	dule) Description		
PURPOSE OF	FUNDRAKING			
EXPENDITURE	Check if travel outside of Texas. Complete Sche	dute T. Check if Aus	stin, TX, officeholder living expense	
		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		
Date	Payee name			
5/29/2013	Jeanette Murtinez Ce	enpayor		
Amount (\$)	Payee address;	City;	State; Zip Code	
250.0L	A) Box 34952	Fort Wish	TX 76196	
	Category (See Categories listed at the top of this sch	edule) Description		
PURPOSE OF EXPENDITURE	Potercal Donation	Campiya	Donahue	
	Check if travel outside of Texas, Complete Sch	edule T. Check if Au	istin. TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS N	EEDED	

### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals 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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	ower (orner a date)	gory not listed above)
1 Total pages Schedule F1	2 FILER NAME Halea Taylor Schitz		3 Filer ID (Ethi	cs Commission Filers)
4 Date 6 2 2023	Texas Blue Action			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
180.00/	Texas Blue Action PUBOX 41429	Aosta	ΤX	78704
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	CONSULTING EXPENSE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austr	n, TX, afficeholder livir	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
61/2013	Staples			
Amount (\$)	Payee address;	City;	State;	Zip Code
310.00/60	200 N. Kimbell Auc. # 221	Southlak	てメ	76092
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing	Letterhead.	+ Envelope	?
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
6/9/2023	Blue Base Group			
Amount (\$)	Payee address;	City;	State;	Zip Code
1026. %	7800 Landmark Ridy St.	FORWITH	TX	76133
	Category (See Categories listed at the top of this schedule)	Description	_	
PURPOSE OF EXPENDITURE	Consultry	Field Orga	w. 2005	
	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 S	SCHEDULE AS NEE	DED	

## 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

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)

Cleuit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	Haley Taylor Schlitz	3 Filer ID (Ethics Commission Filer	s)
4 Date 6 4 2023	5 Payee name Cases Thomas Campaign		
250.00L	7 Payee address; Po Boy 763203	Dulla TX 75376	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Farewell Wriches & Fallosah Coxis	1
	(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/OF	Candidate / Officeholder name I	Office sought Office held	
Date	Payee name		
6/15/2023	Emerge American		
Amount (\$)	Payee address;	City; State; Zip Code	
250.01	351 California St. #930	Sow Transisco CA 94104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Young Leaders Cabinet Support	,
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin, 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		
6/23/2013	Gloria's Lotin Cosine		
Amount (\$)	Payee address;	City; State; Zip Code	
195. <sup>27</sup> /100	320 W. Las (dives Blue.	Irning TX 75039	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FOOD	Team Thank You Lorch	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, efficeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

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:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST Haley	MI C	OFFICE USE ONLY
NAME	NICKNAME	Taylor Schlitz	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 1039 Bradfo	rd Court, Keller, T	·	
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(469 )	968-7239	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #
TREASURER NAME	Mr.	William	Α	Date Processed
10 40.2	NICKNAME	Schlitz	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SI rd Court, Keller, TX		STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	( 510 )	701-0810	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before e	Funnadad Nadified	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 1 / 23	THROUGH 12	Day Year  / 31 / 23
11 ELECTION	Month Day  5 6	Year Primary  23 General	ELECTION TYPE  Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known Keller ISD Boar	d of Trustee, Place 4
14 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL  THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNO CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXP			DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
00	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		<b>GO TO</b>	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16 Filer ID (E	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS, OR GUARANTEES OF ICONTRIBUTIONS MADE ELECTRONICALLY	OANS, OR	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUA	RANTEES OF LOANS) \$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDIT	URE. \$	
	4. TOTAL POLITICAL EXPENDITURES	\$	2,447.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINT OF REPORTING PERIOD	SAINED AS OF THE LAST DAY	1,218.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTST LAST DAY OF THE REPORTING PERIOD	anding Loans as of the \$	
	wear, or affirm, under penalty of perjury, that the accouring to be reported by me under Title 15, Election Code		and includes all information
		Signature of Candidate or Of	ficeholder
	Please complete eith	er option below:	
(1) Affidavit			
NOTARY STAMP/SEA	-		
Sworn to and subscribed	before me by	this the da	y of,
	which, witness my hand and seal of office.		
Signature of officer administe	ring oath Printed name of officer administe	ring oath Title	of officer administering oath
	OR		
(2) Unsworn Declaration	on		
My name is	, ;	and my date of birth is	
			,
	(street)	(city) (state) (zip o	code) (country)
Executed in	County, State of , on the	day of, 2	0 (year)
	-	Signature of Candidate/Officehold	der (Declarant)

## **SUBTOTALS - C/OH**

19	FILER NAME	20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	**************************************
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 FUN	IDS \$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED \$

## 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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

	A SUSSIANS		3 Filer ID (Ethics Commission Filer
Total pages Schedule F1:	Haley Taylor Schlitz		O THE TO (Eures Commission ) her
Date	5 Payee name See Attached Information		
Amount (\$)	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.		tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held

Date	Amount	Payee	Address	Category
7/13/2023	\$798.00	Beyond The Slogan Consulting	ogalys-sate Ht Bitanite Hanishikishikishikishikishikishikishi	Consulting
7/31/2023	\$10.00	Prosperity Bank	The second section of the second section is a second secon	Banking Fee
8/4/2023	\$600.00	Tarrant County Democratic Party		Event Sponsorship
8/31/2023	\$10.00	Prosperity Bank		Banking Fee
9/18/2023	\$30.00	Tarrant County Black Democrats		Contributions/Donations by Candidate
9/25/2023	\$37.96	Tom Thumb	Keller, TX	Food/Beverage Expense Event
9/27/2023	\$131.74	Texas Coalition of Black Democrats	and another than the Ferri Francisco	Event Tickets
9/30/2023	\$10.00	Prosperity Bank		Banking Fee
10/13/2023	\$200.00	Paletas Mexicanas	2121 RW Bivens Lane, Fort Worth, TX 75105	Food/Beverage Expense Event - Ice Cream Truck
10/23/2023	\$250.00	Aicha Davis For Texas		Event Tickets
10/24/2023	\$63.28	Target	North Richland Hills, TX	Food/Beverage Expense Event - Halloween
10/30/2023	\$26.52	Target	North Richland Hills, TX	Food/Beverage Expense Event - Halloween
10/31/2023	\$10.00	Prosperity Bank	AA BARANNA MARKAAA KAA KAA KAA KAA KAA KAA KAA KAA K	Banking Fee
11/14/2023	\$250.00	Tarrant County Democratic Party	Fort Worth, TX	Contributions/Donations by Candidate
11/30/2023	\$10.00	Prosperity Bank		Banking Fee
12/31/2023	\$10.00	Prosperity Bank		Banking Fee
otal	\$2,447.50			

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** C Ms. Haley NAME Date Received LAST SUFFIX NICKNAME Taylor Schlitz 4 CANDIDATE / APT / SUITE #; ADDRESS / PO BOX; STATE: ZIP CODE 1039 Bradford Court, Keller, TX 76248 OFFICEHOLDER MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (469 968-7239 PHONE Receipt # Amount S FIRST MS / MRS / MR 6 CAMPAIGN **TREASURER** William Mr. Α Date Processed NAME SUFFIX NICKNAME Date Imaged Schlitz STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE 7 CAMPAIGN **TREASURER** 1039 Bradford Court, Keller, TX 76248 **ADDRESS** (Residence or Business) PHONE NUMBER **EXTENSION** 8 CAMPAIGN AREA CODE **TREASURER** PHONE (510 701-0810 9 REPORT TYPE 15th day after campaign Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Year 10 PERIOD Month COVERED 31 23 12 23 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Day Description General Special 23 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Keller ISD Board of Trustee, Place 4 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME			16 Filer ID (Et	nics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELEC	AL CONTRIBUTIONS (OTHER THAN ANTEES OF LOANS, OR TRONICALLY)	\$	
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAR	BUTIONS NS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPEND	ITURES	\$	2,447.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LAS	T DAY \$	1,218.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	F ALL OUTSTANDING LOANS AS OF G PERIOD	THE \$	
18 SIGNATURE I	swear, or affirm, under penalty of perjury, the	hat the accompanying report is true	and correct a	nd includes all information
	quired to be reported by me under Title 15, E			
1		Signature of Car	ndidate or Offic	ceholder
	Please comp	lete either option below	<b>/</b> :	
(1) Affidavit				
NOTARY STAMP/SEA	AI.			
NOTAKT STAME / SEA	No.			
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 administ	ering oath Printed name of off	icer administering oath	Title	of officer administering oath
		OR		
(2) Unsworn Declarat	ion			
My name is		, and my date of birth is		
iviy address is	(street)		state) (zip co	ode) (country)
Evacuted in	' ·			
Executed in	County, State of	, on and day or(month	n)	(year)
		Signature of Candid	date/Officeholde	er (Declarant)

## **SUBTOTALS - C/OH**

19	FILER NAME 20 Filer ID (Ethics Com	mission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,447.50
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	\$

## 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.

	The Instruction Guide explains flow to C	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name See Attached Information			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	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		
MATERIAL CONTRACTOR	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Ol	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 Aus	stin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

Date	Amount	Payee	Address	Category
7/13/2023	\$798.00	Beyond The Slogan Consulting	торияться до тиника диника при заприничний приничний при	Consulting
7/31/2023	\$10.00	Prosperity Bank	Popular A home (Marie 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1/	Banking Fee
8/4/2023	\$600.00	Tarrant County Democratic Party		Event Sponsorship
8/31/2023	\$10.00	Prosperity Bank		Banking Fee
9/18/2023	\$30.00	Tarrant County Black Democrats		Contributions/Donations by Candidate
9/25/2023	\$37.96	Tom Thumb	Keller, TX	Food/Beverage Expense Event
9/27/2023	\$131.74	Texas Coalition of Black Democrats	200	Event Tickets
9/30/2023	\$10.00	Prosperity Bank		Banking Fee
10/13/2023	\$200.00	Paletas Mexicanas	2121 RW Bivens Lane, Fort Worth, TX 75105	Food/Beverage Expense Event - Ice Cream Truck
10/23/2023	\$250.00	Aicha Davis For Texas		Event Tickets
10/24/2023	\$63.28	Target	North Richland Hills, TX	Food/Beverage Expense Event - Halloween
10/30/2023	\$26.52	Target	North Richland Hills, TX	Food/Beverage Expense Event - Halloween
10/31/2023	\$10.00	Prosperity Bank		Banking Fee
11/14/2023	\$250.00	Tarrant County Democratic Party	Fort Worth, TX	Contributions/Donations by Candidate
11/30/2023	\$10.00	Prosperity Bank		Banking Fee
12/31/2023	\$10.00	Prosperity Bank	***************************************	Banking Fee
al	\$2,447.50			ap agrantagagneri ap agrapa agrapa a menya ana a sa sa sa menya menya menya menya menya menya menya menya menya

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

				2 Tatal server file	.d.
The C/OH Instruction G	uide explains how to co	mplete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ea.
3 CANDIDATE/	MS / MRS / MR	FIRST	MI	OFFICE	USE ONLY
OFFICEHOLDER	Ms	Haley	C	Date Received	
NAME	NICKNAME	LAST	SUFFIX	24.0	
		Taylor Schlitz			
4 CANDIDATE /	ADDRESS / PO BOX;		CITY; STATE; ZIP CODE		
OFFICEHOLDER	1039 Bradford C	Court, Keller, T	( 76248		
MAILING ADDRESS					
Change of Address					
5 CANDIDATE/	AREA CODE P	HONE NUMBER	EXTENSION	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER	(469 )	968-7239			
PHONE	(400 )			Receipt #	Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST	MI		
TREASURER NAME	Mr.	William	A	Date Processed	
TV UVI	NICKNAME	LAST	SUFFIX	Date Imaged	
		Schlitz			
7 CAMPAIGN	STREET ADDRESS (NO P		SUITE #; CITY;	STATE;	ZIP CODE
TREASURER	1039 Bradford (	Court, Keller, T	X 76248		
ADDRESS					
(Residence or Business)		PHONE NUMBER	EXTENSION		
8 CAMPAIGN TREASURER	AREA CODE	PHONE NOWIDER			
PHONE	(469)	968-7239			
		Possing (		15th day a	ifter campaign
9 REPORT TYPE	January 15	30th day before	election		appointment
	400000000000000000000000000000000000000		Exceeded Modified	·	ort (Attach C/OH - FR)
	July 15	8th day before e	Reporting Limit		
10 PERIOD	Month	Day Year	Month		
COVERED	1 /	1 / 24	THROUGH 6	/ 30 / 24	<b>Y</b> .
· ·	SI FOTION DATE		ELECTION TYP	PE	
11 ELECTION	ELECTION DATE	Primar	y Runoff Other		
	Month Day	Year	Description		
	5 / 6 /	23 Genera	al Special		
	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kno	wn)	
12 OFFICE	OFFICE TILES (if disy)		Keller ISD Boa	rd of Truste	es Place 4
		E DOLLTICAL CONTRIBUTION	TO DOUTION EXPENDITURES	MADE BY POLITICAL C	OMMITTEES TO SUPPOR
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF	DLDER. THESE EXPENDITUID	NS ACCEPTED OR POLITICAL EXPENDITURES RES MAY HAVE BEEN MADE WITHOUT THE CA QUIRED TO REPORT THIS INFORMATION ONLY I	ANDIDATE'S OR OFFICEH IF THEY RECEIVE NOTICE	OF SUCH EXPENDITURES
COMMITTEE(S)		OMMITTEE NAME			
	COMMITTEE TIFE				
	GENERAL	OMMITTEE ADDRESS			
Additional Pages	Securios		TREACHRED NAME		
	SPECIFIC	COMMITTEE CAMPAIGN T	KEASUKEK NAME		
		COMMITTEE CAMPAIGN	TREASURER ADDRESS		
		COMMITTEE CAMPAIGN	THE ROOMER ROOM		
		GO T	O PAGE 2		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Haley Taylor Schlitz		16 Filer I	ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 1	,054.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY	\$	153.49
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and corr	rect and inc	udes all information
(1) Affidavit	Please complete either option below		or Officehold	ler
(,,				
NOTARY STAMP/SEA Sworn to and subscribed			_ day of	
	which, witness my hand and seal of office.			
Signature of officer administr	ering oath Printed name of officer administering oath		Title of offic	er administering oath
(2) Unsworn Declarat	or on	<i>S</i>		
My name is William S	Schlitz, and my date of birth is	June	2, 1970	
My address is 1039 B	radford Court Keller , T	X, _/	6248	Tarrant
Executed in Tarrant	(street) County, State of Texas , on the 15 day of July (mont) Signature of Candi	b	(zip code) , 20 24 (year)	
	Signature of Candi	iuaie/OIIIC	Jenoider (De	olarant)

## SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Com			on Filers)		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$	8			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	\$	1,054.94			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$			

## 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 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

1 Total pages Schedule F1:  2 FILER NAME Haley Taylor Schlitz  5 Payee name See Attached  6 Amount (\$)  7 Payee address;  City;  State;  Zip Code  8  PURPOSE OF EXPENDITURE  (c)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
5 Payee name See Attached  6 Amount (\$)  7 Payee address;  (a) Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	9
B PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) (b) Description  (b) Description  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	9
PURPOSE OF EXPENDITURE  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
Amount (\$) Payee address; City; State; Zip Code	Э
Category (See Categories listed at the top of this schedule)  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 ONLY if direct	
Date Payee name	
Amount (\$) Payee address; City; State; Zip Cod	e
Category (See Categories listed at the top of this schedule)  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 ONLY if direct cypenditure to benefit C/OH	i
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

Date	Description	Cost	Expenditure
02/05/2024	Aicha Davis Campaign	\$200.00	Contribution
02/29/2024	Prosperity Bank	\$10.00	Bank Fee
03/31/2024	Prosperity Bank	\$10.00	Bank Fee
04/22/2024	Ariela Martinez Campaign	\$50.00	Contribution
04/30/2024	Prosperity Bank	\$10.00	Bank Fee
05/31/2024	Prosperity Bank	\$10.00	Bank Fee
06/01/2024	Bison Strategies	\$754.94	Printing
06/30/2024	Prosperity Bank	\$10.00	Bank Fee

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

The C/OH Instruction (	Guide explains how to complete	this form.	ID (Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR FIF	RST	мі С	OFFICE	USE ONLY
NAME	NICKNAME LA		SUFFIX	Date Received	
	Tayl	or Schlitz			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT 1039 Bradford Court,	/ SUITE #; CITY; Keller, TX 76248	STATE; ZIP CODE		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NU (469 ) 968-72		EXTENSION	Date Hand-delivered	
6 CAMPAIGN TREASURER	\ACH	RST	МІ	Receipt #	Amount \$
NAME	Mr. Will			Date Processed	
	NICKNAME LA Sch		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLE 1039 Bradford Court,		CITY;	STATE;	ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(469 ) 968-7		EXTENSION		
9 REPORT TYPE	January 15	30th day before election	Runoff	15th day afte treasurer ap (Officeholder	pointment
	July 15	8th day before election	Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month Day 7 / 1 /	Year THR	ough 12	Day Year / 24	
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	Primary R	unoff Other Description		
	5 / 6 / 23	General S	pecial		
12 OFFICE	OFFICE HELD (if any)	1:	3 OFFICE SOUGHT (if known	)	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL THE CANDIDATE / OFFICEHOLDER. THE CONSENT. CANDIDATES AND OFFICEHOL	SE EXPENDITURES MAY HAVE I	BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE	NAME			
Additional Pages	GENERAL COMMITTEE	ADDRESS			
	SPECIFIC COMMITTEE	CAMPAIGN TREASURER NA	AME		
	COMMITTEE	CAMPAIGN TREASURER A	DDRESS		
	1	GO TO PAGE	2		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Haley Taylor Schlitz		16 Filer ID (Ethic	iller ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBU- PLEDGES, LOANS, OR GUARANTEES OF L CONTRIBUTIONS MADE ELECTRONICALLY	OANS OR	\$	0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUAR	RANTEES OF LOANS)	\$	0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITE	OLITICAL EXPENDITURE. \$					
	4. TOTAL POLITICAL EXPENDITURES	TOTAL POLITICAL EXPENDITURES		171.50			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINT/ OF REPORTING PERIOD	AINED AS OF THE LAST	DAY \$	0.00			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTA LAST DAY OF THE REPORTING PERIOD	ANDING LOANS AS OF	THE \$	0.00			
18 SIGNATURE I sweat	ar, or affirm, under penalty of perjury, that the accomed to be reported by me under Title 15, Election Code.						
Haley Taylor Schlits							
Signature of Candidate or Officeholder							
Please complete either option below:							
(1) Affidavit				v			
NOTARY STAMP/SEAL							
Sworn to and subscribed bef	ore me by	this the	day of				
20, to certify which	ch, witness my hand and seal of office.						
Signature of officer administering	th Printed name of officer administering oath		Title of off	Title of officer administering oath			
	OR OR						
(2) Unsworn Declaration							
My name is	, an	id my date of birth is _					
My address is				n.†			
Executed in	(street), on the	* **	ate) (zip code)	(country)			
		(month)	(yea	r)			
		Signature of Candida	te/Officeholder (D	eclarant)			

### 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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		, ,		
1 Total pages Schedule F1:	2 FILER NAME Haley Taylor Schlitz	3 Filer ID (Ethics Commission Filers)				
4 Date 08/31/2024	5 Payee name Target					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
111.50	2074 Westheimer Road, Houston, TX	77098				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Food Expense					
	(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	d Office held			
Date	Payee name					
12/31/2024	Prosperity Bank					
Amount (\$)	Payee address;	City;	State;	Zip Code		
60.00	217 North Main, Keller, TX 76248					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fees	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	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. -- Complete only if "Report Type" on page 1 is marked "Final Report" --C/OH NAME 2 Filer ID (Ethics Commission Filers) Haley Taylor Schlitz SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER \*\* Complete A & B below only if you are not an officeholder. \*\* **CAMPAIGN FUNDS** Check only one: 4 I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. B. **ASSETS** Check only one: ~ I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate **OFFICEHOLDER** \*\* Complete this section only if you are an officeholder \*\* I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder